

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12974

BIRTH NO. _____		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 4273		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA</u>		c. LENGTH OF STAY (in this place) <u>67</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA MO</u>		57	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>9th GORDON ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>		b. (Middle) <u>ANGLUS</u>		c. (Last) <u>ANGELBECK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 8 1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 12, 1866</u>	
9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>10</u>		11. DAYS <u>16</u>		12. HOURS <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED LIQUOR DEALER</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>JOHN ANGELBECK</u>		13b. MOTHER'S MAIDEN NAME <u>GESHE MEYER</u>		13. NAME OF HUSBAND OR WIFE <u>MRS. CAROLINE ANGELBECK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOHN ANGELBECK JEFFERSON CITY, MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial infarction</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1500</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Concordia Lafayette MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>4-11-49</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11/16/1948</u> to <u>4/8/1949</u> , that I last saw the deceased alive on <u>4/7/1949</u> , and that death occurred at <u>1 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. A. Robinson, D.O.</u>				23b. ADDRESS <u>Concordia Mo.</u>		23c. DATE SIGNED <u>4/9/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>April 11, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S</u>		24d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u>	
DATE REC'D BY LOCAL REG. <u>4-11-49</u>		REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u>		ADDRESS <u>Concordia Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 3,

District File Number.....

Date Filed 4-19-49.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Mr.

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed E. J. James.....

Licensed Embalmer No. 205-8.....

P. O. Address Cambridge, Mo......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.