

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4151

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5183 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>CAPE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>CAPE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - BYRD</b> c. LENGTH OF STAY (in this place) <b>3 MONTHS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - BYRD</b> d. STREET ADDRESS (If rural, give location) <b>3 MILES WEST - CAPE GIRARDEAU</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CAPE COUNTY FARM</b>			
3. NAME OF DECEASED a. (First) <b>WICTOR</b> b. (Middle) <b>(NONE)</b> c. (Last) <b>GANGEL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>FEB - 23 1950</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 30, 1871</b>
9. AGE (In years last birthday) <b>78</b>		10. UNDER 1 YEAR (Days) <b>4</b>	10. UNDER 4 HRS. (Hours) (Min.) <b>22</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>BENTON, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>PHILLIP GANGEL</b>	
13b. MOTHER'S MAIDEN NAME <b>MARY ECK</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>JOHN GANGEL - CHAFFEE, Mo.</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardio</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <b>4222</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan</b> , 19 <b>50</b> , to <b>Feb 23</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>Feb 19</b> , 19 <b>50</b> , and that death occurred at <b>5:00</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>D. G. Lubert M.D.</b> (Degree or title)		23b. ADDRESS <b>Jackson 2027 1/2</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-25-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. LAWRENCE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>New Hamburg, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Lubert</b>	REGISTRAR'S SIGNATURE <b>D. G. Lubert</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L. C. Biplinghoff Chaffee, Mo.</b>	

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

RECEIVED

MAR 3 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-291

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Jack J. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.