

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9431

BIRTH NO.		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 3033		Registrar's No. 253	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Conway</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Conway</u> d. STREET ADDRESS (If rural, give location) <u>No Street number</u>			
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>Anglen</u> (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year) <u>March 27, 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 11, 1868</u>	
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John W. Anglen</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Rogers</u>		14. NAME OF HUSBAND OR WIFE <u>Minerva Anglen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mmanuel Anglen</u> ADDRESS <u>Lebanon, 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u> 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 <u>592X</u>				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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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>3/26, 1950</u> , to <u>3/27, 1950</u> , that I last saw the deceased alive on <u>3/27, 1950</u> , and that death occurred at <u>5 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James L. Hope, M.D.</u> (Degree or title)				23b. ADDRESS <u>Lebanon, Missouri</u>		23c. DATE SIGNED <u>3/31/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 29 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Graceland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Conway Laclede Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-1-1950</u>		REGISTRAR'S SIGNATURE <u>Hella L. Hay</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u> ADDRESS <u>Lebanon, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Received APR 8 1950
Laclede County Health Unit
File No. 8-50-56
Date Filed APR 11 1950

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.