S. No. 300
V. 10.48

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15844

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4025 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: BATES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICH HILL
c. LENGTH OF STAY (in this place): 60 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 515 E. CEDAR ST

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BATES
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICH HILL. 6070
d. STREET ADDRESS (If rural, give location): 515 E CEDAR ST.

3. NAME OF DECEASED (Type or Print)
a. (First): JENNIE
b. (Middle): ROWENA
c. (Last): STANGEL

4. DATE OF DEATH (Month) (Day) (Year): MAY-14-1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT-13-1877
9. AGE (In years last birthday): 72 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE.
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): ST MARYS COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN BECKAM
13b. MOTHER'S MAIDEN NAME: REBECKA BEASLEY
14. NAME OF HUSBAND OR WIFE: JOHN STANGEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: John Stangel - Rich Hill, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
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: 4-12X

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) m.
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* Jan 1, 1949, *to* May 14, 1950, *that I last saw the deceased alive on* May 13 1950 *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Rich Hill Mo
23c. DATE SIGNED: May 15 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY-18-1950
24c. NAME OF CEMETERY OR CREMATORY: FAIRVIEW
24d. LOCATION (City, town, or county) (State): BATES COUNTY, MO.

DATE REC'D BY LOCAL REG.: May 15 1950
REGISTRAR'S SIGNATURE: Mrs. Edna Douglas
25. FUNERAL DIRECTOR'S SIGNATURE: Booth Funeral Serv. ADDRESS: Rich Hill Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-14-50
District Health Officer No. 7
District File Number 4-50-529
Date Filed 5-17-50

MAY 26 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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Me

Signed .....
Student Embalmer

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.