

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19253

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 118	
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (in this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Middletown Prairie Twp. Rural			
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital				d. STREET ADDRESS (If rural, give location) 0700 1			
3. NAME OF DECEASED (Type or Print) Clyde		a. (First) b. (Middle) c. (Last) Irven Angel		4. DATE OF DEATH (Month) (Day) (Year) July 18 1950			
5. SEX M		6. COLOR OR RACE W-U.S.		7. (MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 8 1890	
9. AGE (in years last birthday) 59		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Clinton, Mo	
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME William Thomas Angel		13b. MOTHER'S MAIDEN NAME Martha Straube		14. NAME OF HUSBAND OR WIFE Mary Angel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes W.W.Mol.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Mary Angel			
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) Cerebral Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchiectasis 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 526X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 June 12, 1950, to June 18, 1950, that I last saw the deceased alive on June 18, 1950, and that death occurred at 0050 p.m., from the causes and on the date stated above.							
23a. SIGNATURE G. L. Hinch, M.D. (Degree of title)				23b. ADDRESS Middletown, Mo		23c. DATE SIGNED 6/19-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-21-1950		24c. NAME OF CEMETERY OR CREMATORY Fairmount		24d. LOCATION (City, town, or county) (State) Middletown Mo	
DATE REC'D BY LOCAL REG. June 21 1950		REGISTRAR'S SIGNATURE Blanche Geely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. B. Pritchett Middletown, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

File #3 1125

RECEIVED JUN 23 1950  
District Health Officer No. 10  
District File Number 6-56-1020  
Date Filed JUN 23 1950

JUL

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 John W. Butler  
Licensed Embalmer No. 4447  
P. O. Address Burlington, N.C.

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.