

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **4385**

BIRTH NO. _____		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>4188</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u> <u>0370</u>			
c. LENGTH OF STAY (in this place) <u>30 yrs</u>				d. STREET ADDRESS (If rural, give location) <u>U</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Maud</u>		b. (Middle) <u>Myrtle</u>		c. (Last) <u>Angell</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>3</u> <u>51</u>	
8. DATE OF BIRTH <u>Sept. 15, 1882</u>		9. AGE (in years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		11. BIRTHPLACE (State or foreign country) <u>Washington, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Clinton Shelton</u>		13b. MOTHER'S MAIDEN NAME <u>Hardella Bramell</u>		14. NAME OF HUSBAND OR WIFE <u>George W. Angell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>**</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George W. Angell</u>		ADDRESS <u>Owensville, 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>Peaphigus, Chronic causing terminal blindness and terminal decompensation</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>terminal decompensation</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 years</u> <u>7041</u>	
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) (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 <u>May</u> , 19 <u>42</u> , to <u>1-3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-2</u> , 19 <u>51</u> , and that death occurred at <u>4:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paula B. Branner, M.D.</u> (Deceased or title) <u>U</u>				23b. ADDRESS <u>Owensville, Mo.</u>		23c. DATE SIGNED <u>1-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>	
DATE REC'D BY LOCAL REG <u>Jan. 12, 1951</u>		REGISTRAR'S SIGNATURE <u>Dorothy Hall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. H. Winters</u>		ADDRESS <u>OWENSVILLE</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 20 1951

RECEIVED

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 Me

working under my personal supervision.

Student Embalmer No.

Signed

Welford H. H. Winter

Signed

Student Embalmer

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.