

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9430

State File No. _____

FILED MAR 24 1952

BIRTH NO. _____		REG. DIST. NO. <u>277</u>		PRIMARY REG. DIST. NO. <u>5950</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>PIKE</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural N. Hartford Twp</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pike</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural New Hartford Twp</u> d. STREET ADDRESS (If rural, give location) <u>P.R.</u>			
3. NAME OF DECEASED a. (First) <u>CLARENCE</u> b. (Middle) <u>WILSON</u> c. (Last) <u>ANGEL</u> (Type or Print)				4. DATE OF DEATH (Month) <u>Mar</u> (Day) <u>8</u> (Year) <u>1952</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 26 1901</u>	
9. AGE (In years, last birthday) <u>50</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Pike Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>James M. Angel</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha E. Atwell</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Angel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cecil Angel</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound in head</u> ANTECEDENT CAUSES Morbidity 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. 19a. DATE OF OPERATION <u>none</u>				MEDICAL CERTIFICATION 20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>		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) _____ (Minute) _____	
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 _____, 19____, to _____, 19____, that I last saw the deceased _____ on March 8, 1952, and that death occurred at 4 P. M., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. O. Mudd</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Bowling Green, Mo.</u>		23c. DATE SIGNED <u>March 17-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 10 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Indian Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Pike Co. MO</u>	
DATE REC'D BY LOCAL REG. <u>3/18/52</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u> 254		25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Bankhead</u> ADDRESS <u>Bowling Green</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Student Embalmer

Signed

Harold C. Kink

Licensed Embalmer No. 4597

P. O. Address Banbury Street

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.