

FILED JAN 20 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

576

State File No. ....

S. No. 300

EV. 10.48

BIRTH NO. ....		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>7</u>		
1. PLACE OF DEATH <u>CARROLLTON MO</u> a. COUNTY <u>CARROLL</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Carrollton</u> )				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CARROLL</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOSWORTH MO</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SINGLETON-REST HOME</u>				d. STREET ADDRESS (If rural, give location) <u>0170</u>				
3. NAME OF DECEASED (Type or Print) <u>CHARLIE</u> a. (First) b. (Middle) c. (Last) <u>DANGELI</u>			4. DATE OF DEATH <u>JAN 9 1953</u> (Month) (Day) (Year)					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>SEPT 3 - 1879</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>SWITZERLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>✓</u>			13b. MOTHER'S MAIDEN NAME <u>-</u>			14. NAME OF HUSBAND OR WIFE <u>-</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>			16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>L. B. Willis</u> ADDRESS <u>Bosworth 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regeneration</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) <u>4222</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 1952</u> , to <u>Jan. 9, 1953</u> , that I last saw the deceased alive on <u>Jan. 9, 1953</u> , and that death occurred at <u>7:00 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Dr. Ernest L. Smith</u> (Degree or title)				23b. ADDRESS <u>10th 9th St. Carrollton, Mo.</u>		23c. DATE SIGNED <u>1-14-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan 11, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Big Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bosworth MO</u>		
DATE REC'D BY LOCAL REG. <u>1/17/53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Berberh Calvert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lupard &amp; Edwards</u> ADDRESS <u>Bosworth MO</u>				

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed David J Edwards

Licensed Embalmer No. 32657

P. O. Address Brownthrus

**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.**