

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2423**

*Kessler*  
FILED JAN 28 1953

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. **267**PRIMARY REG. DIST. NO. **3049**Registrar's No. **7**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Pemiscot</b> b. CITY OR TOWN <b>Hayti</b> c. LENGTH OF STAY (in this place) <b>4 Hrs.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pemiscot Memorial Hosp.</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived, if institution: residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Pemiscot</b> c. CITY OR TOWN <b>Rural Organ Township</b> d. STREET ADDRESS (If rural, give location) <b>Route 1 Hayti, Mo.</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Stephen Angotti</b> a. (First) <b>Stephen</b> b. (Middle) <b>Angotti</b> c. (Last) <b>Angotti</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>January 19, 1953</b>				
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Sept. 22, 1895</b>	<b>9. AGE</b> (In years last birthday) <b>57</b> If under 1 year: Months _____ Days _____ If under 1 mth: Hours _____ Mins. _____	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Welder</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Metal Welder</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Thayer, Missouri</b>			
<b>13a. FATHER'S NAME</b> <b>Steve Angotti</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lillie Hutchison</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Era Angotti</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>499-20-8153</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Era Angotti Rt. 1 Hayti, Missouri</b>			
<b>MEDICAL CERTIFICATION</b>							
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				<b>INTERVAL BETWEEN ONSET AND DEATH</b>			
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Hemorrhage</b> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Essential Hypertension</b> DUE TO (c) <b>331X</b>							
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death <b>Small hemorrhage on 12-10-52 + 12-28-52</b>							
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from 12-10-52 to 1-19-53, that I last saw the deceased alive on 1-19-53, and that death occurred at 6:10 P.M., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> (Degree or title) <b>C. D. Kaiser M.D.</b>			<b>23b. ADDRESS</b> <b>Hayti, Mo.</b>		<b>23c. DATE SIGNED</b> <b>1-22-53</b>		
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>Jan. 22, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Collins Cemetery</b>		<b>24d. LOCATION (City, town, or county) (State)</b> <b>Thayer, Missouri</b>		
<b>DATE REC'D BY LOCAL REG.</b> <b>1-24-53</b>		<b>REGISTRAR'S SIGNATURE</b> <b>John H. German</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>H.S. Smith Funeral Home C'ville, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

1-28-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

JAN 27 1953

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 W. Denver Fike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, 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.