

FILED FEB 28 1953

State File No. 41

BIRTH NO.		REG. DIST. NO. 164		PRIMARY REG. DIST. NO. 3032		Registrar's No. 41	
1. PLACE OF DEATH a. COUNTY Johnson,				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) Warrensburg, Mo.		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Rural, R.R. #2 Warrensburg, Mo.			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Warrensburg Medical Center				d. STREET ADDRESS (If rural, give location) Rural, No. 2			
3. NAME OF DECEASED (Type or Print) Thomas Harlan Angel,			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Feb. 17th, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 17, 1880		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer,		10b. KIND OF BUSINESS OR INDUSTRY Farming,		11. BIRTHPLACE (City and State or Foreign Country) Johnson County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Monroe Angel,		13b. MOTHER'S MAIDEN NAME Cynthia Barber,		14. NAME OF HUSBAND OR WIFE Lillian Angel,			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lillian Angel, Warrensburg, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) "flu" DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 480X				INTERVAL BETWEEN ONSET AND DEATH 6 wks	
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)		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 Jan 21, 1952, to 2-17-1953, that I last saw the deceased alive on 2-17-1953, and that death occurred at 4: P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M.D.				23b. ADDRESS Warrensburg, Missouri,		23c. DATE SIGNED 2-18-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-19-53		24c. NAME OF CEMETERY OR CREMATORY Dunksburg Cemetery,		24d. LOCATION (City, town, or county) (State) Johnson Co. Missouri	
DATE REC'D BY LOCAL REG. Feb. 19, 1953		REGISTRAR'S SIGNATURE Savannah		25. FUNERAL DIRECTOR'S SIGNATURE R. B. Bruminger		ADDRESS Warrensburg, Mo.	

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

05120

DEPT. OF HEALTH
FEB 24 1968
JOHNSON COUNTY HEALTH DEPT.

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.A. Brundage

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.