

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22471

State File No.

BIRTH NO. REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>125 South 3rd St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>ANGEL</u>			4. DATE OF DEATH (Month) <u>JUNE</u> (Day) <u>15</u> (Year) <u>1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 8, 1864</u>	9. AGE (In years last birthday) <u>88</u>	10. IF UNDER 1 YEAR Days <u>10</u> Hours <u>7</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurseryman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Nurseryman</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		

13a. FATHER'S NAME <u>Jacob Mathias Angel</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Etta Angel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rev. O. L. Angel, Metropolis, Ill.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophy of heart</u> DUE TO (c) <u>Dilatation of Heart.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
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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, great office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1939, to 6/15, 1953, that I last saw the deceased alive on 6-15, 1953, and that death occurred at 10:05 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Louisiana, Missouri</u>		23c. DATE SIGNED <u>6-17-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/18/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Louisiana, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>June 17, 1953</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sterne Funeral Home, Louisiana, Mo.</u>	
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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 _____

Licensed Embalmer No. 4039

P. O. Address Louisiana, M

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.