

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

17942

State File No. _____

FILED JUN 20 1955

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>257</u>	
1. PLACE OF DEATH a. COUNTY <u>Boonville</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boonville</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>town</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Scopus</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>12 north of Lutesville Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>Amos</u>		c. (Last) <u>Angle</u>	
4. DATE OF DEATH		(Month) <u>6</u>		(Day) <u>4</u>		(Year) <u>1955</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6/4/1895</u>	
9. AGE (In years last birthday) <u>59</u>		10. IF UNDER 1 YEAR Days <u>11</u>		11. IF UNDER 1 Hrs. Hours <u>11</u>		12. IF UNDER 1 Hrs. Min. <u>11</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>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boonville County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andie</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby Angle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Angle</u> ADDRESS <u>Boonville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma right lung</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.				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) (Min.)	
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 <u>5-22</u> , 19 <u>55</u> , to <u>6-1</u> , 19 <u>55</u> ; that I last saw the deceased alive on <u>6-1</u> , 19 <u>55</u> , and that death occurred at <u>3:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) <u>W. O. Henshaw, M.D.</u>		23b. ADDRESS <u>Cape Girardeau, Mo</u>		23c. DATE SIGNED <u>6-9-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6/3/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pulliam</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-14-55</u>		REGISTRAR'S SIGNATURE <u>W. O. Henshaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. O. Henshaw</u>		ADDRESS <u>Lutesville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 6 1962

JUN 21 1955

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

Charles E. Murphy

Licensed Embalmer No. 4877

P. O. Address Box 111111

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.