

# STANDARD CERTIFICATE OF DEATH

949

State File No. ....

FILED JAN 9 1956

BIRTH NO. .... REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5439 Registrar's No. 1

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| <b>I. PLACE OF DEATH</b><br>a. COUNTY <u>Gasconade</u><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville, Rural Cannan</u><br>c. LENGTH OF STAY (in this place) .....<br>d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>None</u> |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u><br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gerald, Rural, Boone</u><br>d. STREET ADDRESS (If rural, give location) <u>0370</u> |  |
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| <b>3. NAME OF DECEASED</b><br>(Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>CALDWELL</u> c. (Last) <u>ANGELL</u>  |   |  | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><u>Jan. 1, 1956</u> |   |   |   |  |
| <b>5. SEX</b><br><u>Male</u>  | <b>6. COLOR OR RACE</b><br><u>White</u> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b><br><u>Single</u> | <b>8. DATE OF BIRTH</b><br><u>Feb. 3, 1937</u>                      | <b>9. AGE</b> (In years last birthday)<br><u>22</u> | <b>IF UNDER 1 YEAR</b><br>Months <u>10</u> Days <u>28</u> | <b>IF UNDER 24 HRS.</b><br>Hours <u>  </u> Min. <u>  </u>                         |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>Metal Finisher</u> |   |  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><u>Lincoln-Mercury</u>  |   |   | <b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Gerald, Missouri</u> | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><u>U.S.A.</u> |

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| <b>13a. FATHER'S NAME</b><br><u>Zeno Angell Sr.</u>  | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Elizabeth Bentlage</u> | <b>14. NAME OF HUSBAND OR WIFE</b><br><u>None</u> |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b><br>(Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u> | <b>16. SOCIAL SECURITY NO.</b><br><u>427-72-3070</u>          |   |
| <b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mr. Zeno Angell, Sr.</u> <b>ADDRESS</b> <u>Gerald, Mo.</u>                                 |   |   |

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| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | <b>MEDICAL CERTIFICATION</b><br><b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>KILLED IN AUTO ACCIDENT. CAR LEAVING HIGHWAY 19 1/2 M. SOUTH of Owensville, Mo.</u><br>ANTECEDENT CAUSES <u>  </u> DUE TO (b) <u>  </u> DUE TO (c) <u>  </u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death. <u>  </u> |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><u>  </u>                                       |
| <b>19a. DATE OF OPERATION</b><br><u>  </u>   | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><u>  </u>  |  | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| <b>21a. ACCIDENT SUICIDE HOMICIDE (Specify)</b><br><u>ACCIDENT</u>                         | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>MO HI 19</u>          | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b><br><u>CANNAN</u> <u>BOONE</u> <u>MO.</u> |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)<br><u>1</u> <u>1-56</u> <u>3:30</u> | <b>21e. INJURY OCCURRED</b><br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b><br><u>CAR LEAVING HI. HITTING TREE.</u>                       |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

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| <b>23a. SIGNATURE</b> (Degree or title)<br><u>Angelo H. Blumberg</u>            | <b>23b. ADDRESS</b><br><u>Hermann Mo.</u> | <b>23c. DATE SIGNED</b><br><u>1-1-56</u>                         |
| <b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><u>Burial</u>               | <b>24b. DATE</b><br><u>Jan. 4, 1956</u>   | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><u>Presbyterian</u> |
| <b>24d. LOCATION</b> (City, town, or county) (State)<br><u>Gerald, Missouri</u> |   |  |

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| <b>DATE REC'D BY LOCAL REG.</b><br><u>January 4, 1956</u> | <b>REGISTRAR'S SIGNATURE</b><br><u>Mr. Marvin Jappmeyer</u> | <b>2. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Ernst R. Ottmann</u> <b>ADDRESS</b> <u>Gerald, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 12 1939

### 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

*Ernst P. Ottmann*

Licensed Embalmer No. *4054*

P. O. Address *Leeds, 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.