

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1804

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>4264</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>LACHEDE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>LACHEDE</u>			
b. CITY OR TOWN <u>CONWAY MO</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>		c. CITY OR TOWN <u>CONWAY MO</u>		d. In Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>				e. STREET ADDRESS (If rural, give location) <u>0530</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SADIE</u> b. (Middle) <u>ANGEL</u> c. (Last) <u>ANGLEN</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 14 1956</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APR 4 1882</u>	
9. AGE (In years last birthday) <u>73</u>		10. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.B</u>	
13a. FATHER'S NAME <u>H.S. ROGERS</u>		13b. MOTHER'S MAIDEN NAME <u>PERSEY FRIEND</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPH ANGLEN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>JOSEPH ANGLEN CONWAY MO</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. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1561</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</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>1-1</u> , 19 <u>56</u> , to <u>1-14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-14</u> , 19 <u>56</u> , and that death occurred at <u>11:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. W. Lindsay M.D.</u> (Degree or title)				23b. ADDRESS <u>Conway Mo</u>		23c. DATE SIGNED <u>1-17-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-17-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARLIN WEBSTER CO MO</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>1-17-1956</u>		REGISTRAR'S SIGNATURE <u>Kella L. May</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>RW BARBER</u> ADDRESS <u>MARSHFIELD MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1956 JAN 20 AM

Received 1-21-56
Laclede County Health Unit
File No. 3
Date Filed 1-21-56

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.....
Signature of Student Embalmer

Signed Lee Mason

Licensed Embalmer No. 456

P. O. Address Springfield

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.