

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **33113**

FILED OCT 16 1956

BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5114** Registrar's No. **75**

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL-WAYNE c. LENGTH OF STAY (In this place) 2 YRS.		c. CITY OR TOWN ADVANCE d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION RURAL - WAYNE		STREET ADDRESS (If rural, give location) R# 4	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) William c. (Last) Angel			4. DATE OF DEATH (Month) (Day) (Year) Oct. 1 1956		
5. SEX MALE		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH Sept. 15, 1876		9. AGE (In years last birthday) 80		10. IF UNDER 1 YEAR Months - Days 16 IF UNDER 24 HRS. Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING-RAILROAD		10b. KIND OF BUSINESS OR INDUSTRY FARMING-RAILROAD		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME NOT KNOWN		13b. MOTHER'S MAIDEN NAME NOT KNOWN		14. NAME OF HUSBAND OR WIFE CLORE ROWE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Myrtle May Dandridge, Advance, Mo. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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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) m.		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 **Sept. 30, 1956**, to **Oct. 1, 1956**, that I last saw the deceased alive on **Sept. 30, 1956**, and that death occurred at **9:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. C. Master		23b. ADDRESS Adv. 2 Advance, Mo.		23c. DATE SIGNED Oct. 5, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Oct. 3, 1956		24c. NAME OF CEMETERY OR CREMATORY BOLLINGER Co. Memorial Cemetery - BOLLINGER Co., Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. H. Morgan, Advance, Mo.			
DATE REC'D BY LOCAL REG. 10-8-56		REGISTRAR'S SIGNATURE Mrs. Buford Crader			

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

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

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.....

Licensed Embalmer No. 4640

P. O. Address Advance, W.

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.