

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11830

State File No. _____

FILED APR 2 - 1957

BIRTH NO. _____ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 16

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|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Texas</u> <u>1070</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>TX</u> b. COUNTY <u>Texas</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Licking</u> | c. LENGTH OF STAY (in this place) <u>7 yrs</u> | c. CITY OR TOWN <u>Licking 1070</u> | d. Is Residence within limits of a city incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) <u>1731/2 Licking Mo.</u> | |

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|--|---------------------------|--|---|---|---|
| 3. NAME OF DECEASED (Type or Print) <u>Sarah ANN Angel</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 24, 1957</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>w</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Feb 12, 1880</u> | | 9. AGE (In years last birthday) Months Days Hours Min. <u>77</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Tex.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Whitson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Charles Angel (deced)</u> | |

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|---|--|---|--|-------------------------------------|--|--|--|
| 14. NAME OF HUSBAND OR WIFE <u>Charles Angel (deced)</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>-</u> | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Alta Mitchell Licking Mo</u> | |
|---|--|---|--|-------------------------------------|--|--|--|

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| 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>Cardiac & pulmonary arrest.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular renal disease.</u> DUE TO (c) <u>& severe diabetes Mellitus.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Semibilty</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>30 1/2 yrs.</u> | |
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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>260x</u> | | 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, 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from Feb 1956, 1956, to March, 1957, that I last saw the deceased alive on March 3, 1957, and that death occurred at 2:30 A m., from the causes and on the date stated above.

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|--|--|---|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>D. Myers D.O 2</u> | | 23b. ADDRESS <u>Licking, Mo.</u> | | 23c. DATE SIGNED <u>3-27-57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Mar 26, 57</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Beech Oak</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Beech Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith & Ferguson</u> | | ADDRESS <u>Licking Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>March 27, 1957</u> | | REGISTRAR'S SIGNATURE <u>Caluora Hesse</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith & Ferguson</u> | |

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

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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.....
Signature of Student Embalmer

Signed *Ernest E Ferguson*.....

Licensed Embalmer No. *3949*.....

P. O. Address *Picking*.....

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.