

FILED APR 24 1957

DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH14205
STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bowling Green Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BOWLING GREEN Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION HOME Length of stay in lb		d. STREET ADDRESS (If outside, give location) 28 Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) MARY ELIZABETH ANGLE			4. DATE OF DEATH April 19 1957		
5. SEX FEMALE			6. COLOR OR RACE WHITE		
7. MARRIED <input type="checkbox"/> (NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH Feb 28 1867		
9. AGE (In years last birthday) 90			10. IF UNDER 1 YEAR Months 1 Days 4 Hours 0 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY Housewife		
11. BIRTHPLACE (City and state or country) Bowling Green Mo			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME THOMAS JOHNSON			14. MOTHER'S MAIDEN NAME Don't know		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. no		
17. INFORMANT Mrs Thomas McCann Bowling Green Mo			Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AURICULAR FIBRILLATION		INTERVAL BETWEEN ONSET AND DEATH 6 days
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **CHRONIC MYOCARDITIS**DUE TO (c) **ARTERIOSCLEROSIS**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)

RETENTION CHRONIC CYSTITIS - FOLLOWING HEMIPLEGIA 1955 4221

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **1955**, to _____ and last saw her ~~her~~ **alive** on **1 APRIL 1957**
Death occurred at **3:00** A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W B Willson MD	22b. ADDRESS Bowling Green Mo.	22c. DATE SIGNED 3/26/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 3 1957	23c. NAME OF CEMETERY OR CREMATORIUM Lawman	23d. LOCATION (City, town, or county) (State) Louisiana MO.
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24. FUNERAL DIRECTOR Grace Bankhead Bowling Green Mo	25. DATE RECD. BY LOCAL REG. 4/15/57	26. REGISTRAR'S SIGNATURE Bill Robinson
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(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service300
1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

securing the medical certification in the specified manner required by 172.010, RSMo.

254

AUG 14 1958

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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 *Harold Kink*.....

Licensed Embalmer No. *43*.....

P. O. Address *Baltimore*.....

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.