

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **35361**

FILED OCT 29 1957

BIRTH NO. _____		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>4184</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>FRANKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GERALD MO. BIONE</u>		c. LENGTH OF STAY (in this place) <u>69 mos</u>		c. CITY OR TOWN <u>GERALD MO.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HIS HOME</u>				e. STREET ADDRESS (If rural, give location) <u>365</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM LEVI</u>			b. (Middle) <u>MARION</u>		c. (Last) <u>ANGELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 18 - 1957</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-15-1889</u>		9. AGE (In years last birthday) <u>69</u>	If UNDER 1 YEAR Months _____ Days _____	If UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>RRD GERALD MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>HENRY ANGELL</u>		13b. MOTHER'S MAIDEN NAME <u>LISSETTA DROSTE</u>		14. NAME OF DECEASED WIFE <u>MARIE DEBECK ANGELL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>495-22-213</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lyda Angell Gerald, Mo.</u>			
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>Coronary Occlusion</u> DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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)		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 <u>1956</u> , to <u>Oct</u> , 1957, that I last saw the deceased alive on <u>Sept 10</u> , 1957, and that death occurred at <u>10:30 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>Charles A. ...</u>				23b. ADDRESS <u>Gerald</u>		23c. DATE SIGNED <u>10-21-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>10-21-57</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>NEW FRIENDSHIP</u>		24d. LOCATION (City, town, or county) (State) <u>GERALD FRANKLIN MO</u>	
DATE REC'D BY LOCAL REG. <u>Oct 21 1957</u>		REGISTRAR'S SIGNATURE <u>John ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. Meyer Gerald Mo</u>			

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

OCT 31 1957

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 *Stanley E. Thayer*.....

Licensed Embalmer No. *46*

P. O. Address *Gerald*.....

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.