

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **47033**

FILED DEC 31 1957

BIRTH NO. _____		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 4515		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY SULLIVAN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MERCER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILAN				c. LENGTH OF STAY (in this place) 63		c. CITY OR TOWN NEWTOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION SULLIVAN CO. MEMORIAL				d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) WARREN b. (Middle) V. c. (Last) ANGELL				4. DATE OF DEATH (Month) (Day) (Year) 12-13-1957			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 11-19-1881	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 24		IF UNDER 24 HRS. Hours 24 Min. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (City and State or Foreign Country) IOWA				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME HARVEY ANGELL				13b. MOTHER'S MAIDEN NAME MARGARET VANDEVER			
14. NAME OF HUSBAND OR WIFE LAURA ANGELL				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			
16. SOCIAL SECURITY 498-40-6188				17. INFORMANT'S SIGNATURE OR NAME DONALD ANGELL			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypostatic pneumonia ANTECEDENT CAUSES cerebral thrombosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 332X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____				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 Jan 1, 1957 to Dec 13, 1957 , that I last saw the deceased alive on Dec 13, 1957 , and that death occurred at 7:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE W. H. Harris (Degree or title) M.D.				23b. ADDRESS Harris Mo			
23c. DATE SIGNED 12/13/57				24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			
24b. DATE 12-15-57				24c. NAME OF CEMETERY OR CREMATORY Ravens Cemetery			
24d. LOCATION (City, town, or county) (State) Ravens Mo				25. FUNERAL DIRECTOR'S SIGNATURE J. H. Payne			
DATE REC'D BY LOCAL REG. 12-24-57				REGISTRAR'S SIGNATURE Mrs. M. W. Beckett			
25. FUNERAL DIRECTOR'S ADDRESS _____				26. (Licensed Embalmer's Statement on Reverse Side)			

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

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. 3270

P. O. Address Newtown, N. J.

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.