

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022666

STATE FILE NUMBER

S. Health,
, & Welfare
S. Public
th Service

FILED JUN 25 1958 Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 47

S. 300
v. 1-57

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|--|--------------------------------------|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY MORGAN | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MORGAN | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rocky Mt. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Rocky Mt | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OSAGE TOWNSHIP | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 0710 OSAGE TOWNSHIP | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last FRANK JOSEPH MANGOLD SR. | | | 4. DATE OF DEATH Month Day Year JUNE 18, 1958 | | |
| 5. SEX MALE | 6. COLOR OR RACE CAUCASIAN | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH Nov. 27, 1893 | 9. AGE (In years last birthday) 64 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RESORT OWNER | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) ARCADIA, MO. | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME JOHN MANGOLD | | 13b. MOTHER'S MAIDEN NAME SOPHIA E. HAMPPEL | | 14. NAME OF HUSBAND OR WIFE FLORA GOWEN MANGOLD | |
| 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. 489-03-1200 | 17. INFORMANT Address FRANK MANGOLD LAKE OLARK, MO | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion | | | | | INTERVAL BETWEEN ONSET AND DEATH unknown |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | | | | 4201 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? 2 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.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <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 | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) J. H. Yesh 3 | | | 22b. ADDRESS Versailles, Mo. | | 22c. DATE SIGNED 6-18-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE 6-20-58 | 23c. NAME OF CEMETERY OR CREMATORY CALVARY | | 23d. LOCATION (City, town, or county) (State) St. Louis Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS Louis A. Phillips Cedar | | | 25. DATE RECD. BY LOCAL REG. 6-18-58 | | 26. REGISTRAR'S SIGNATURE J. H. Yesh |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUN 25 1956

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 *Louis D. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Edison*

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.