

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002143

STATE FILE NUMBER

211

Primary Registration District No. 4324

Registrar's No. 3-59

JAN 28 1959

Registration District No.

211

Primary Registration District No. 4324

Registrar's No. 3-59

1. PLACE OF DEATH

a. COUNTY Miller

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Tuscumbia

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Humphreys Hospt.

Length of stay in lb
1da

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Cole

c. CITY
OR
TOWN Eugene

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS RFD 1

(If outside, give location)
Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ARTHUR

HARRISON

ANGEL

4. DATE
OF
DEATH

Month

Day

Year

Jan. 16 1959

5. SEX

Male

6. COLOR OR RACE

Caucasian

7. MARRIED ☐ NEVER MARRIED ☐

WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH

Oct. 1, 1888

9. AGE (In years last birthday)

70

10. FINDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HRS.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Ret. Foreman

10b. KIND OF BUSINESS OR INDUSTRY
J. B. Deere Harvester Cedar County, Iowa

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Charles Angel

13b. MOTHER'S MAIDEN NAME

Elda M. Litchewalter

14. NAME OF HUSBAND OR WIFE

Jessie Cassidy Angel

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.

333-05-0767

17. INFORMANT

Address

Mrs. Gene T. Kane Moline Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Severe Shock

INTERVAL BETWEEN
ONSET AND DEATH

24 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Severe exposure and diabetic coma

36 hrs

DUE TO (c)

Diabetic acidosis and diabetes mellitus

yrs.

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?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐

☐

☐

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 ☐ NOT WHILE WORK ☐

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 1-16-59 10:00 PM to 1-16-59 and last saw him alive on 1-16-59
Death occurred at 10:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

2

22b. ADDRESS

Tuscumbia, Missouri

22c. DATE SIGNED

1-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1-17-59

23c. NAME OF CEMETERY OR CREMATORY

Hampton

23d. LOCATION (City, town, or country)

Hampton

(State)

Ill.

24. FUNERAL DIRECTOR

ADDRESS

Louis D. Phillips

25. DATE RECD. BY LOCAL REG.

1-21-1959

26. REGISTRAR'S SIGNATURE

Mrs. D. E. Kallenbach

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAR 10 1959

Health Department
County

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 P. Phillips*

Licensed Embalmer No. *3663*
P. O. Address *Bedon*

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.