

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008306
STATE FILE NUMBER

FILED APR 10 1959

Registration District No.

10

Primary Registration District No.

3002

Registrar's No.

69

1. PLACE OF DEATH

a. COUNTY

Audrain

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

a. STATE Missouri

b. COUNTY Montgomery

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

OR TOWN Mexico Mo

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN Buell Mo

Inside Limits

Yes ☒ No ☐

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

Length of stay in lb

18 hrs

d. STREET ADDRESS

(If outside, give location)

none

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Mary

Jane

Angel

4. DATE OF DEATH

Month

Day

Year

3-29-59

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED ☐ NEVER MARRIED ☐

WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH

3-2-1876

9. AGE (In years last birthday)

83

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Months Days Hours Min.

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

Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Georgetown Ohio

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13a. FATHER'S NAME

Wm A. Alexander

13b. MOTHER'S MAIDEN NAME

Roda Arnold

14. NAME OF HUSBAND OR WIFE

Joseph Angel "Decd"

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Jake Henson Buell 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)

DIABETIC COMA

INTERVAL BETWEEN ONSET AND DEATH

24 hours

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

DUE TO (b)

DIABETES MELLITUS

10 YEARS

DUE TO (c)

26 CX

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Acute Respiratory Disease - 4 DAYS

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

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT 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 8-5 1949, to 3-29-59 and last saw her alive on 3-28-59
Death occurred at 5:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Att Van Audale D.O.

Montgomery City Mo

3-30-59

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-31-59

23c. NAME OF CEMETERY OR CREMATORY

Middletown Cemetery

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

Middletown Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Chapman Montgomery City Mo Mar 30-1959

Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

ALL DISPOSITIONS MUST BE CAUALLY RELATED.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 21 1959

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, ~~only~~ on the 29th day of March 1959, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed C. W. Hopkins
C. W. Hopkins

Licensed Embalmer No. 1487
Montgomery City Mo
P. O. Address

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.