

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JAN 11 1961

-60-047073

STATE FILE NUMBER

Registration District No. 228 Primary Registration District No. 3054 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) LOUISIANA		c. CITY OR TOWN LOUISIANA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1306 GEORGIA ST.		d. STREET ADDRESS (If outside, give location) 1306 GEORGIA ST.	

3. NAME OF DECEASED (Type or print) First LOLA Middle MARIE Last ANGLE	4. DATE OF DEATH Month DEC Day 30 Year 60
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH FEB 20 1896	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months 6 Days 4	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) ROCKPORT ILL		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME HENRY DOUGLAS	13b. MOTHER'S MAIDEN NAME MARION CARRIE GAY BROWN	14. NAME OF HUSBAND OR WIFE RUFUS ANGLE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address RUFUS ANGLE, LOUISIANA, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hanging		INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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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. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK ☐ 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 _____ to _____ and last saw him/her on Dec 30
Death occurred at 10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. B. Mudd Coroner	22b. ADDRESS Beaulieu Green, Mo	22c. DATE SIGNED Dec 30-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN 1 1961	23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEM.	23d. LOCATION (City, town, or county) LOUISIANA	23e. STATE MO
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24. FUNERAL DIRECTOR GEO. M. COLLIER, LOUISIANA, MO	25. DATE RECD. BY LOCAL REG. Jan 9-61	26. REGISTRAR'S SIGNATURE Bernice Collier
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 8 1967

MAY 28 1962

NOV 21 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.