

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008551

AMENDED FILED APR 4 1961

Registration District No.

140

Primary Registration District No.

3024

Registrar's No.

39

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Howard

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

Length of stay in 1b
6 Weeks

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

a. STATE Missouri COUNTY Cooper

c. CITY OR TOWN Boonville

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Rhodes Nursing Home

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1000 Sixth St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Peter

Middle

Last Angerman

4. DATE OF DEATH

Month March

Day 25

Year 1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Sept. 15, 1880

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

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

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Own farm

11. BIRTHPLACE (City and state or country)

Cooper County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Frederick Angerman

13b. MOTHER'S MAIDEN NAME

Louise Walthers

14. NAME OF HUSBAND OR WIFE

Stella Long Angerman

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.

496-01-2299

17. INFORMANT

Address

Mrs. C. I. Smith, Franklin, 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)

DUE TO (b)

DUE TO (c)

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

Coronary thrombosis
atherosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

5 min.

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

cerebral vascular accident

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
Natural

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

none

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

March 16, 1961 to March 25, 1961

and last saw him/her alive on

March 16, 1961

Death occurred at

5:25 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. J. Shan, Jr. M.D.

22b. ADDRESS

Lee Hospital, Fayette, Mo.

22c. DATE SIGNED

3-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

March 28, 1961

23c. NAME OF CEMETERY OR CREMATORY

Walnut Grove

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

Boonville, Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Goodman & Boller, Boonville, Mo.

25. DATE RECD. BY LOCAL REG.

3-27-61

26. REGISTRAR'S SIGNATURE

Katherine Welch

(Licensed Embalmer's Statement on Reverse Side)

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 Wm Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, Mo.

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.