

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH *Byland*

-62-007276
STATE FILE NUMBER

Registration District No. *331* Primary Registration District No. *5812* Registrar's No. _____

AMENDED
DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

1. PLACE OF DEATH a. COUNTY <i>Montgomery</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Montgomery</i>	
b. CITY (if outside corporate limits give TOWNSHIP only) OR TOWN <i>Middletown Mo</i>		Length of stay in lb	c. CITY OR TOWN <i>Middletown Mo</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>2 1/2 mi west</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>2 1/2 mi west</i> Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Nora Belle Angel</i>			4. DATE OF DEATH Month Day Year <i>Feb. 14 - 1962</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Mar. 14 '85</i> 9. AGE (last birthday) <i>76 yrs</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>	11. BIRTHPLACE (City and state of country) <i>Middletown Mo</i> 12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>
13a. FATHER'S NAME <i>Charles F. Crouch</i>		13b. MOTHER'S MAIDEN NAME <i>Flora Ellen Cris</i>	14. NAME OF HUSBAND OR WIFE <i>Albert Angel</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>495-40-9974</i>	17. INFORMANT <i>Mrs. Lee French</i> Address <i>Middletown Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Metastatic Carcinoma</i> DUE TO (b) <i>Carcinoma of Colon</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>6 mo</i> <i>5 years</i>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? 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 _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <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 <i>11-12-61</i> to <i>2-14-62</i> and last saw her alive on <i>2-12-62</i>		Death occurred at <i>6:10 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>J. Byland</i> (Degree or title)		22b. ADDRESS <i>Wellsville, Missouri</i>	22c. DATE SIGNED <i>2-15-62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Feb. 17 1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Fairmount</i>	23d. LOCATION (City, town, or county) (State) <i>Middletown Mo.</i>
24. FUNERAL DIRECTOR <i>Prechett-Myers, Middletwn, Mo.</i>		25. DATE DEPT. OF LOCAL REG. _____ REGISTRAR'S SIGNATURE <i>Leah Pegg</i>	

AUG 1 0 1966

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 Howard F. Myers

Licensed Embalmer No. 2494
P. O. Address Wellsville, Md.

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, it should be so stated above.