

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022220

STATE FILE NUMBER

Registration District No. **53**

Primary Registration District No. **0000**

Registrar's No. **272**

FILED JUL 2 1962

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

b 160
20090

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pollack	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Whitewater		c. CITY OR TOWN near Mayfield	
Length of stay in 1b 1 hour		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION near Millerwille		d. STREET ADDRESS (If outside give location) 3 miles South	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LINDELL RAY ANGLE		4. DATE OF DEATH Month Day Year June 17, 1962	
5. SEX Male	6. COLOR OF RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept 3, 1942
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (City and state or country) Mayfield Mo. U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME W. Chandler Angle		13b. MOTHER'S MAIDEN NAME Delphia Green	
14. NAME OF HUSBAND OR WIFE none		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. no		17. INFORMANT W. Chandler Angle, Mayfield 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) Drowning Victim		INTERVAL BETWEEN ONSET AND DEATH Immediate	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> Accident <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell off into a deep water of 10-12 ft. depth in Whitewater	
20c. TIME OF INJURY Hour 4:00 p.m. Month, Day, Year 6-17-62	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Creek, S. of Millerwille, while wading & couldn't swim a stroke		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION 300 yards, S. Millerwille Cape Gir., Mo.		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 4:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. J. Ford		22b. ADDRESS Cape Girardeau Mo.	
22c. DATE SIGNED 6-21-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 20-1962	23c. NAME OF CEMETERY OR CREMATORY Pullman	23d. LOCATION (City, town, or county) (State) Mayfield Mo
24. FUNERAL DIRECTOR W. J. Ford	25. DATE RECD. BY LOCAL REG. 6-25-62	26. REGISTRAR'S SIGNATURE James Kasten	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JUL 6 1962

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

Gene O. Conner

Licensed Embalmer No.

4327

P. O. Address

Jackson, 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.