

FILED JAN 18 1949

STANDARD CERTIFICATE OF DEATH

State File No. **1060**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>HENRY</u> <u>42</u>	
b. CITY OR TOWN <u>CLINTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u> <u>1</u>	
c. LENGTH OF STAY (in this place) <u>30 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>120 W. ALLEN ST.</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>120 W. ALLEN ST.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARTHA</u>	b. (Middle) <u>JANE</u>	c. (Last) <u>ANGLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 14 1949</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>JANUARY 16 1867</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPING</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MONROSE, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>AMERICAN</u>
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13a. FATHER'S NAME <u>ARCHABALD COLSON</u>	13b. MOTHER'S MAIDEN NAME <u>HANNA SEVIER</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN RICHARD ANGLE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Plate Anderson</u> ADDRESS <u>Wickham Mill 7500</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-vascular disease</u>		
	DUE TO (c) <u>None</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>331</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 10, 1949 to Jan 14, 1949, that I last saw the deceased alive on Jan 10, 1949, and that death occurred at 6:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>S. B. Hughes, M.D.</u>	23b. ADDRESS <u>Clinton Mo.</u>	23c. DATE SIGNED <u>1/14/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JANUARY 16 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HOPEWELL</u>	24d. LOCATION (City, town, or county) (State) <u>Monroese, Henry Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 14-49</u>	REGISTRAR'S SIGNATURE <u>R R Kenney</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Henshaw</u> ADDRESS <u>Clinton, Mo</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

42  
1  
2

RECEIVED

District Health Officer No. 7,

District File Number 12-48-139

Date Filed 1-17-49

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.

Signed.....

*H. A. Causant*

Signed.....

Student Embalmer

Licensed Embalmer No. 3779

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.