

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **32162**

FILED OCT 26 1955
BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler	c. LENGTH OF STAY (In this place) 1 week	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amsterdam, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hospital		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Leslie c. (Last) Angle	4. DATE OF DEATH (Month) (Day) (Year) 10-14-55
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-25-1885	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Clinton, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George N. Angle	13b. MOTHER'S MAIDEN NAME Helen Rogers	14. NAME OF HUSBAND OR WIFE Flossie Mae 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'S SIGNATURE OR NAME Mrs. Flossie M. Angle, Amsterdam	ADDRESS, No. _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease DUE TO (c) Central insufficiency		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Amsterdam, Bates, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 **July 1950**, to **Oct 14, 1955**, that I last saw the deceased alive on **Oct 14, 1955**, and that death occurred **at 3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Douglas Howard M.D.	23b. ADDRESS Butler, Mo.	23c. DATE SIGNED 10/15/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-17-55	24c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery	24d. LOCATION (City, town, or county) (State) Clinton Mo.
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DATE REC'D BY LOCAL REG. 10-18-55	REGISTRAR'S SIGNATURE Rendell Kerney 170	25. FUNERAL DIRECTOR'S SIGNATURE Archer & Mangold	ADDRESS Amsterdam, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed _____

Licensed Embalmer No. 04972

P. O. Address La Cygne, Kan

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.