

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22887

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 174

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>	
c. LENGTH OF STAY (In this place) <u>5 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>900-Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Olivia</u> b. (Middle) <u>Antonia</u> c. (Last) <u>Langenhans</u>			4. DATE OF DEATH (Month) <u>July</u> (Day) <u>16</u> (Year) <u>1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Nov. 27, 1894</u>		9. AGE (In years, last birthday) <u>54</u> Months <u>6</u> Days <u>21</u>		10. UNDER 1 YEAR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Jefferson City, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Chas. Schmidt</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
13c. NAME OF HUSBAND OR WIFE <u>Louis Langenhans</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		14. SOCIAL SECURITY NO. <u>None</u>	

15. INFORMANT'S SIGNATURE OR NAME <u>Louis Langenhans</u>		16. ADDRESS <u>708 Washington</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cor Pulmonale</u>			DUPLICATE			<u>12 hrs</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchial asthma</u>			DUPLICATE			<u>10 yrs</u>		
DUE TO (c) <u>Thyrotoxicosis</u>			DUPLICATE			<u>24 HX</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			DUPLICATE					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>none</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?	

22. I hereby certify that I attended the deceased from 6/1, 1948, to 7/16, 1949, that I last saw the deceased alive on 7/16, 1949, and that death occurred at 5A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>7/16/49</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>July 18, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kennett</u>	
24d. LOCATION (City, town, or county) <u>Jefferson City</u>		24e. (State) <u>Mo.</u>			

DATE REC'D BY LOCAL REG. <u>July 18-1949</u>		REGISTRAR'S SIGNATURE <u>A.P. Davis M.D. - JR</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis - Jefferson</u>	
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_____ District File Number

District Health Officer No. 9,

JUL 25 1919

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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 _____

working under my personal supervision.

Student
Student Embalmer

Signed Donald S. Freeman
Student Embalmer No. _____
Licensed Embalmer No. 7623

P. O. Address Jemo.

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.