

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40764**

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

BIRTH NO. _____ REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 5436 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boulware Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boulware Twp.</u>	
c. LENGTH OF STAY (in this place) <u>64 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>near Bay, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>near Bay, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>near Bay, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) _____ c. (Last) <u>Langenberg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 9, 1949</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 9, 1862</u>
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>***</u>	11. BIRTHPLACE (State or foreign country) <u>Bay, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wm. H. Langenberg</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Meyer</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Louisa Fleer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>***</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arthur Langenberg Owensville, Mo</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES <u>Arterial Sclerosis (Coronary)</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>1271</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>No</u>	
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 <u>Dec 9, 1949</u> , to <u>Dec 9, 1949</u> , that I last saw the deceased alive on <u>Dec 9, 1949</u> , and that death occurred at <u>11:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chas A. Schmidt M.D.</u>		23b. ADDRESS <u>Coral Mo</u>	
23c. DATE SIGNED <u>12-12-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12-13-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Pres. Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Bay, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter N.H. Winter OWENSVILLE</u>	
DATE RECD BY LOCAL REG <u>12/12/49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

District File Number
District Health Officer
RECEIVED JAN 4 1950

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Malford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville, 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.