

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35026

318

1003

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>8060</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis, Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ill.</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>35 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carmi</u>		<u>8120</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>122 E. Main</u>					
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> (Type or Print)			b. (Middle) _____		c. (Last) <u>LANG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 22 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 5, 1886</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drug</u>		11. BIRTHPLACE (State or foreign country) <u>Pola nd</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Unk.</u>			13b. MOTHER'S MAIDEN NAME <u>Unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Gussie</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. B. Berfield</u> ADDRESS <u>122 E. Main Carmi, Ill.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>35 days</u>		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vessel thrombosis</u>								
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>						15 yrs.		
	DUE TO (b) <u>Arteriosclerotic Cardio-vascular Disease</u>						4 yrs.		
DUE TO (c) <u>Congestive heart failure</u>						10 yrs.			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	<u>Diabetes Mellitus</u>								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" 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? <u>H2O!</u>					
22. I hereby certify that I attended the deceased from <u>SEPT 17</u> , 1950, to <u>OCT 22</u> , 1950, that I last saw the deceased alive on <u>OCT 22</u> , 1950, and that death occurred at <u>2:45a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>C. D. Tomlinson M.D.</u> (Degree or title) _____				23b. ADDRESS <u>600 So. Randolph</u>		23c. DATE SIGNED <u>10-22-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/24, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Beth. Ham. Hag.</u>		24d. LOCATION (City, town, or county) (State) <u>Ladue, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>OCT 23 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. ...</u> ADDRESS <u>915 ...</u>				

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Quirio J. Guidung

Licensed Embalmer No. *4329*

P. O. Address.....

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.