

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13428

FILED APR 20 1951

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5881 Registrar's No. 10

0760
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>OSAGE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) 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 (Jefferson Twp)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BLAND</u>	
c. LENGTH OF STAY (In this place) <u>2-MOS.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ALVENA</u>	b. (Middle) <u>DORA</u>	c. (Last) <u>LANGE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-7-51</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>WIDOWED</u>	8. DATE OF BIRTH <u>Jan 30-1874</u>	9. AGE (In years last birthday) <u>77</u> Months <u>2</u> Days <u>7</u> 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>housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>CHARLES LANGE</u>	13b. MOTHER'S MAIDEN NAME <u>MINNIE RAHN</u>	14. NAME OF HUSBAND OR WIFE <u>FRITZ LANGE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ALTA OWENS</u> ADDRESS <u>WASHINGTON, MO.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>9 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach-distal third with metastases principally to liver terminally</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adv. Arteriosclerosis</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Adv. Arteriosclerosis</u>		<u>3 yrs.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>151X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 3-13 1951 to 4-7 1951, that I last saw the deceased alive on 4-7 1951, and that death occurred at 10:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Paula Brant, M.D.</u> (Degree or title)	23b. ADDRESS <u>Owensville, Mo.</u>	23c. DATE SIGNED <u>4-9-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/10/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bland, Gasconade County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Apr 14-1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>SASSMANN'S FUNERAL SERVICE BLAND</u>
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RECEIVED
APR 17 1951
DISTRICT HEALTH OFFICE No. 4
File No.

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 Embalmer No.....

Signed.....
Student Embalmer

Signed Chet Dorman

Licensed Embalmer No. 4178

P. O. Address Blair

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.