

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19490

State File No. \_\_\_\_\_  
Registrar's No. 660

FILED JUL 2-1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>	
c. LENGTH OF STAY (In this place) <b>12 hrs</b>		d. STREET ADDRESS (If rural, give location) <b>403 No. 3rd St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>1601 Spring St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRED</b>	b. (Middle)	c. (Last) <b>LANG</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 12 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married //</b>	8. DATE OF BIRTH <b>April 2, 1883</b>	9. AGE (In years last birthday) <b>68</b>	10. MONTHS <b></b>	11. DAYS <b></b>	12. HOURS <b></b>	13. MIN. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Odd Jobs</b>	11. BIRTHPLACE (State or foreign country) <b>Alma, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
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13a. FATHER'S NAME <b>Peter Lang</b>	13b. MOTHER'S MAIDEN NAME <b>Fredericka Fursteneau</b>	14. NAME OF HUSBAND OR WIFE <b>Vena Purtell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Army 1906-1910</b>	16. SOCIAL SECURITY NO. <b>488-14-9552</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Vena Purtell</b>	17. ADDRESS <b>417 Kemper St. St. Joe. Mo</b>
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Broncho Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Cold</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>2 weeks</b>
	DUE TO (c) <b>Man died suddenly while alone in his room. He had been complaining of illness for the past two days, but</b>		<b>491x</b>
	II. OTHER SIGNIFICANT CONDITIONS related to the disease or condition causing death <b>was not considered seriously sick.</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 ~~examined~~ viewed the deceased ~~on~~ **6/12/51**, 19\_\_\_, to \_\_\_\_\_, 19\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_, and that death occurred at **11:15a** m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. F. Mundy, MD (Coroner)</b>	23b. ADDRESS <b>St. Joseph, Mo.</b>	23c. DATE SIGNED <b>6/12/51</b>
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24. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-14-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Public Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>June 23, 1951</b>	REGISTRAR'S SIGNATURE <b>Carl C. Castle</b>	25. GENERAL DIRECTOR'S SIGNATURE <b>Carl A. Clark</b>	ADDRESS <b>120 Illinois</b>
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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.....

*John E. Rupp*  
.....  
working under my personal supervision.

Student Embalmer No. *3986*.....

Signed.....  
Student Embalmer

Signed *Euna Clark*.....

Licensed Embalmer No. *4238*.....

P. O. Address *St. Joseph*.....

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.