

FILED SEP 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. 26192

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 900

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) Lifetime	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			d. STREET ADDRESS (If rural, give location) 1214 S. 15th Street		

3. NAME OF DECEASED a. (First) Wilhelmine (Type or Print) Minnie		b. (Middle) Marie	c. (Last) Langtim		4. DATE OF DEATH (Month) (Day) (Year) August 19, 1951.				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married		8. DATE OF BIRTH March 25, 1868	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Seamstress		10b. KIND OF BUSINESS OR INDUSTRY McDonald Mfg. Co.		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri.			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Ernest Langtim		13b. MOTHER'S MAIDEN NAME Wilhelmine Marie Klaseen		14. NAME OF HUSBAND OR WIFE None	
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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) No *****		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Walter Langtim			ADDRESS St. Joseph, Mo.		
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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) Pathological; Spontaneous fracture right femur INTERESTING OBSERVATIONS Other conditions: Generalized Arteriosclerosis and senility; Generalized Osteoporosis; Osteoarthritis knees & spine with contraction deformities Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DETAILED II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 10 days	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7230				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 8-9-51, 1951, to 9-19-51, 1951, that I last saw the deceased alive on 8-18-51, 1951, and that death occurred at 6:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE Walter Langtim M.D.		(Degree or title)		23b. ADDRESS 520 Francis St. St. Joseph, Mo.		23c. DATE SIGNED 21 Aug 51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 21, 1951.	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery.		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.		
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DATE REC'D BY LOCAL REG. Sept. 5, 1951		REGISTRAR'S SIGNATURE Carl C. Castiglione		25. FUNERAL DIRECTOR'S SIGNATURE Walter H. Huchko, Jr.		ADDRESS St. Joseph, MO	
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 15 1951

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*****

Student Embalmer No. * *****

working under my personal supervision.

Student
Student Embalmer

Signed *Robert C. Harrington*

Licensed Embalmer No. *3258* Missouri.

P. O. Address St. Joseph, Missouri.

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.