

FILED NOV 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34631

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>4423</u>		Registrar's No. <u>467</u>			
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>3/68</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weston</u> <u>union</u>		c. LENGTH OF STAY (in this place) <u>4 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>11/21/51</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>1113 E 11th</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Otto</u>			b. (Middle) <u>F.</u>		c. (Last) <u>Lange</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-22-51</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u> <u>3</u>	8. DATE OF BIRTH <u>9-28-1885</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Tyd. Co.</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>Fred Lange</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Max</u>		14. NAME OF HUSBAND OR WIFE <u>XX</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>8661328</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ben Layton Weston, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uraemia, severe convulsions etc.</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u> ed II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Marked obesity</u> undetermin							
19a. DATE OF OPERATION <u>XXXX</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXX</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXX</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Weston</u> <u>Missouri</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXXXX</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>XXXXXXXX</u>					
22. I hereby certify that I attended the deceased from <u>Oct. 20</u> , 1951, to <u>Oct. 22</u> , 1951, that I last saw the deceased alive on <u>Oct. 22</u> , 1951 and that death occurred at <u>10 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Lewis C. Calvert M.D.</u>				23b. ADDRESS <u>Weston, Missouri</u>		23c. DATE SIGNED <u>10/25/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-24-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>10-24-51</u>		REGISTRAR'S SIGNATURE <u>Aphiea Beech</u> <u>257</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Vaughan Funeral Home Weston, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

836



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

*W. P. Vaughn*

Licensed Embalmer No.

*1023*

P. O. Address

*Weston, 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.

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