

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

10-48 FILED JUN 22 1953

BIRTH NO. REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5437 Registrar's No.

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL, and give OR TOWN Rural Canaan Twp.)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Canaan Twp. 2370	
c. LENGTH OF STAY (in this place) 60 yrs.		d. STREET ADDRESS (If rural, give location) Rosebud, Mo. R.F.D.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rosebud, Mo. R.F.D.		e. FULL NAME OF HOSPITAL OR INSTITUTION Rosebud, Mo. R.F.D.	

3. NAME OF DECEASED (Type or Print) a. (First) Meta b. (Middle) Martha c. (Last) Langenberg			4. DATE OF DEATH (Month) (Day) (Year) April 29, 1953		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Aug. 5, 1869		9. AGE (in years last birthday) 83		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Rosebud, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE H. H. Langenberg	
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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 Edward Langenberg ADDRESS Rosebud, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 1 wk	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		DUE TO (b) Arteriosclerosis			
		ANTECEDENT CAUSES		DUE TO (c) Old age			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X		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)	
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?	

22. I hereby certify that I attended the deceased from **4-15, 1953** to **4-29, 1953**, that I last saw the deceased alive on **4-25, 1953**, and that death occurred at **8:45a m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward H. Langenberg		23b. ADDRESS Rosebud, Mo.		23c. DATE SIGNED 5-1-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-1-1953		24c. NAME OF CEMETERY OR CREMATORY Immanuel Pres. Cem.		24d. LOCATION (City, town, or county) (State) near Drake, Mo.	
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DATE REC'D BY LOCAL REG. JUN 22 1953		REGISTRAR'S SIGNATURE Edward H. Langenberg		25. FUNERAL DIRECTOR'S SIGNATURE Michael H. N. White ADDRESS OWENSVILLE	
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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.....

..... Student Embalmer No.

..... working under my personal supervision.

Student
Student Embalmer

Signed Myron H. H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.