No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9406

BIRTH NO. FILED APR 14 1954 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 102

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence, 3900 Evans

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN: Oakwood
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 3900 Evans

0644

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Lang

4. DATE OF DEATH (Month) (Day) (Year): April 2, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: January 15, 1871
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 2, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and State or Foreign Country): Philadelphia Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: George Lang
13b. MOTHER'S MAIDEN NAME: Margoth Neth
14. NAME OF HUSBAND OR WIFE: Josephine Klein Lang

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. C. M. Fox, ADDRESS: Oakwood Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral stenosis with chronic myocarditis and myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis — 10 years

DUE TO (c)

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:
4221
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan. 5, 1950, *to* April 2, 1954, *that I last saw the deceased alive on* March 31, 1954, *and that death occurred at* 3:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. A. Porter (Degree or title): DSc DO.
23b. ADDRESS: 412 Center St., Hannibal, Mo.
23c. DATE SIGNED: 4/4/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/5/54
24c. NAME OF CEMETERY OR CREMATORY: Mount Olivet
24d. LOCATION (City, town, or county) (State): Hannibal Missouri

DATE REC'D BY LOCAL REG.: 4/12/54
REGISTRAR'S SIGNATURE: H. C. Fisher, Dep. 184-D; H. E. M. Lucke
25. FUNERAL DIRECTOR'S SIGNATURE: W. Crawford Smith
ADDRESS: Hannibal Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 12 [illegible]
MARION CO. HEALTH DEPT.
DATE FILED APR 12 [illegible]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John S Spa

Licensed Embalmer No. 454

P. O. Address Hannibal M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.