

No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38319

State File No.

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5938 Registrar's No. 209

1. PLACE OF DEATH
a. COUNTY Phelps

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Nebraska b. COUNTY Douglas

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Arlington c. LENGTH OF STAY (in this place) N/A

c. CITY OR TOWN Omaha d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION .9 mile W of Arlington Hwy 66

f. STREET ADDRESS (If rural, give location) 7613 Maple Street 82608

3. NAME OF DECEASED
a. (First) Edward b. (Middle) Stanley c. (Last) Lang

4. DATE OF DEATH (Month) (Day) (Year) November 15, 1954

5. SEX Male

6. COLOR OR RACE Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH 3 October 1932

9. AGE (In years last birthday) 22 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier

10b. KIND OF BUSINESS OR INDUSTRY US Army

11. BIRTHPLACE (City and State or Foreign Country) Omaha, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Phillip J. Lang

13b. MOTHER'S MAIDEN NAME Amelia (Unknown)

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 19 Jan 53 to date

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S SIGNATURE OR NAME W.A. White, Capt. MSC ADDRESS US Army Hospital Ft Leonard Wood Mo

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Contusion, 4th ventricle of brain
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Diffuse subarachnoid hemorrhage of brain and cervical spinal cord
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
Undet

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 66

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) .9 miles W of Arlington Phelps Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 15, 1954 8:00pm

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Automobile accident (Passenger)

22. I hereby certify that I attended the deceased Nov 15 Nov 15, 1954, and that death occurred at 8:00 pm., from the causes and on the date stated above.

23a. SIGNATURE Church E. Murdock, Jr.

23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri

23c. DATE SIGNED 16 Nov 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Nov 17 54

24c. NAME OF CEMETERY OR CREMATORY Unknown

24d. LOCATION (City, town, or county) (State) Omaha Nebraska

DATE REC'D BY LOCAL REG. Nov 17, 1954

REGISTRAR'S SIGNATURE Nadine L. Stoll

25. FUNERAL DIRECTOR'S SIGNATURE Billy Jr Hedger Richland Mo ADDRESS

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.....
Signature of Student Embalmer

Signed *Clarence J. Moss*.....

Licensed Embalmer No. *489*.....

P. O. Address *Wagon*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.