

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **250**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **62**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>	d. Is Residence within limits of a city or incorporating town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>46 years</b>		e. STREET ADDRESS (If rural, give location) <b>3306 Jackson St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3306 Jackson St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Caroline</b> b. (Middle) <b>Eudora</b> c. (Last) <b>Lang</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>January 14, 1955</b>			
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>July 4, 1864</b>	9. AGE (In years last birthday) <b>90</b>	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) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Blue Earth, Minnesota</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Rev. H. F. Longworth</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza H. Marshall</b>		14. NAME OF HUSBAND OR WIFE <b>William E.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Helen M. Dunning, 3306 Jackson, St. Joseph Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ACUTE PULMONARY EDEMA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 HOURS</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>ARTERIO-SCLEROTIC HEART DISEASE</b>		UNKNOWN	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <b>4200</b>	
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?	

22. I hereby certify that I attended the deceased from **JUNE 20, 1954**, to **JAN. 14, 1955**, that I last saw the deceased alive on **JAN 14, 1955**, and that death occurred at **8:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Laurence N. Pyle, M.D.</b> (Degree or title)		23b. ADDRESS <b>1218 N. 3RD. ST. JOSEPH, MO.</b>		23c. DATE SIGNED <b>1-17-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>1/17/1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>			

DATE REC'D BY LOCAL REG. <b>Jan 21, 1955</b>		REGISTRAR'S SIGNATURE <b>Lothar M. Allison</b> <b>485</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wheaton-Bowman St. Joseph Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Richard S. Collins*.....

Licensed Embalmer No. *4959*.....

P. O. Address *St. Joseph*.....

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.