

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2717</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Texas</u> b. COUNTY <u>Guadalupe</u>			
b. CITY (If outside corporate limits, write BIRAL and give town) <u>Kansas City, Mo.</u>		c. LENGTH OF STAY (in this place) (township) _____		c. CITY OR TOWN <u>Seguin</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp. #1</u>				STREET ADDRESS (If rural, give location) <u>842 1/2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alta</u>		b. (Middle) <u>G.</u>		c. (Last) <u>Lange</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-24-55</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, 1 WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>5-17-1908</u>	
9. AGE (In years, last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gonzales, Texas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Chester Griffin</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Wild</u>		13c. NAME OF HUSBAND OR WIFE <u>Norman Lange</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Vol. No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. B. King Sweet Jr., Mo.</u> ADDRESS _____			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock &amp; Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured Skull</u> DUE TO (c) <u>Blow &amp; Ruptured Spleen</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident - Street</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson Co Mo</u>			
21d. TIME OF INJURY <u>6-24-55 11:30 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Two Car Collision</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:44 p. m.</u> , from the causes and on the date stated above.							
23. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>1034 Realtor Bldg</u>		23c. DATE SIGNED <u>6-25-55</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>6-26-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seguin</u>		24d. LOCATION (City, town, or county) (State) <u>Seguin Texas</u>	
DATE REC'D BY LOCAL REG. <u>6-25-55</u>		REGISTRAR'S SIGNATURE <u>newa minnabell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. E. Dillard</u> ADDRESS <u>L.C. 8 Mo.</u>			

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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..... *B. E. Weiland*

Licensed Embalmer No... *402*

P. O. Address... *L.C.S.*

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.