

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3009 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b>		b. COUNTY <b>Cape Gir</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jackson Mo</b>		c. LENGTH OF STAY (In this place) <b>Several yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Jackson Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>229 East St</b>		d. STREET ADDRESS (If rural, give location) <b>229 East</b>		016/0	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b>			b. (Middle) <b>Louise</b>			c. (Last) <b>Lange</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 15 1955</b>						
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov 12 1881</b>		9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>3</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>3</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <b>Old Appleton Mo</b>				12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>			

13a. FATHER'S NAME <b>Fritz Siebert</b>			13b. MOTHER'S MAIDEN NAME <b>Lena Sechae</b>			14. NAME OF HUSBAND OR WIFE <b>Henry Lange</b>		
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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 <b>Hy Lange</b>		ADDRESS <b>Jackson Mo</b>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Natural Cause</b>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <b>Heart Attack</b>							
		DUE TO (b)							
		DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>7824</b>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. C. Summers, Registrar</b>		23b. ADDRESS <b>Cape Girardeau Mo</b>		23c. DATE SIGNED <b>12-19-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec 17 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Tilsit Lutheran</b>	
24d. LOCATION (City, town, or county) (State) <b>Tilsit Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McComb</b>		ADDRESS <b>Tilsit Jackson Mo</b>	
DATE REC'D BY LOCAL REG <b>12-19-55</b>		REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		44-C	

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 B. R. Myers

Licensed Embalmer No. 305-1

P. O. Address Jackson 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.