FILED MAY 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12281

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5062 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monett Rural-Purdy twp
c. LENGTH OF STAY (In this place): years.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home. S.W. of Monett

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN: Monett
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): 8 mi. S.W. of Monett

3. NAME OF DECEASED (Type or Print)
a. (First): Carl
b. (Middle): Herman
c. (Last): Langosch

4. DATE OF DEATH (Month) (Day) (Year): May 6 - 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan. 4 - 1886
9. AGE (In years last birthday): 70
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): Farming Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Monett, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.
13a. FATHER'S NAME: Ferdinand Langosch
13b. MOTHER'S MAIDEN NAME: Marguerite Schambach
14. NAME OF HUSBAND OR WIFE: None.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME. ADDRESS: Miss Carrie Langosch, Monett Mo. R+2

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): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

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

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
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* 4-24-56, 19____, *to* 5-6-56, 19____, *that I last saw the deceased alive on* 5-6-56, 19____, *and that death occurred at* 200A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank Ken MD
23b. ADDRESS: Monett Mo
23c. DATE SIGNED: 5-11-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 8-1956
24c. NAME OF CEMETERY OR CREMATORY: Stones Prairie Cem.
24d. LOCATION (City, town, or county) (State): 8 mi. S.W. of Monett Mo.

DATE REC'D BY LOCAL REG.: 5-11-56
REGISTRAR'S SIGNATURE: Mrs. P. N. Cook
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Bennett-Wormington, Monett, Mo.

(Licensed Embalmer's Statement on Reverse Side)

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 556-82

DATE REC. 5-14-56

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.....

Licensed Embalmer No.....

P. O. Address Monett....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.