

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

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State File No. 28727
Registrar's No. 6964

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 3 days		c. CITY OR TOWN KAMPSVILLE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION DE PAUL HOSPITAL				e. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) STERLING b. (Middle) WM. c. (Last) LANGE			4. DATE OF DEATH (Month) (Day) (Year) 7-25-56						
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH 8-18-1903			
9. AGE (In years last birthday) 52		10. IF UNDER 1 YEAR Months		10. IF UNDER 1 YEAR Days		10. IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter			10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Henry Lange			13b. MOTHER'S MAIDEN NAME Anna Ellenberger			14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 332-20-3606		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Lange, Kampsville, Ill.					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. <i>Shotgun wound of skull & brain when a twenty-two caliber rifle accidentally discharged while clearing wire fence on his farm Kampsville, Illinois, on July 24th 1956 at about 7:00 am.</i> b. <i>deceased was carrying</i> c. <i>due to</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7:00 am.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>farm</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Kampsville, Illinois</i>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>July 24 56 7:00 m.</i>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>§ 12 E 919.142</i>							
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 _____, 19____, from the causes and on the date stated above.									
23a. SIGNATURE <i>James M Kelly</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>7-27-56</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		24b. DATE <i>7-26-56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Hardin, Illinois</i>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <i>JUL 27 1956</i>		REGISTRAR'S SIGNATURE <i>Earl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Hanks, Hardin, Ill.</i>					

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 *Francis J. Highland Jr.*
Licensed Embalmer No. *4512*
P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.