

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 31 1956

State File No. **40978**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **5311** Registrar's No. **165**

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

1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give township) (Rural) Pilot Grove Sup.		c. LENGTH OF STAY (in this place) 40 yrs		c. CITY OR TOWN Boonville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION 5 miles N W of Pilot Grove				STREET ADDRESS (If rural, give location) 5 miles N W of Pilot Grove 02 1/2			
3. NAME OF DECEASED (Type or Print) a. (First) ROSA		b. (Middle) MARIE		c. (Last) LANG		4. DATE OF DEATH (Month) (Day) (Year) Dec 23, 1956	
5. SEX Fe		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb 26, 1897	
9. AGE (In years, last birthday) 59		IF UNDER 1 YEAR Months — Days —		IF UNDER 24 HRS. Hours — Min. —		12. CITIZEN OF WHAT COUNTRY? U.S.A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY same		11. BIRTHPLACE (City and State or Foreign Country) Boonville, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME B. Lang		13b. MOTHER'S MAIDEN NAME Anna Day		14. NAME OF HUSBAND OR WIFE JOSEPH A. LANG			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe A. Lang, Boonville, Mo			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Infection ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumatic heart disease & Auricular fibrillation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 17-20 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None				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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 23					
22. I hereby certify that I attended the deceased from 11-10-54 to 12-15-56 , 19____, that I last saw the deceased alive on 12/5/56 , 19____, and that death occurred at 5 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE William A. Alele				23b. ADDRESS 329 Main Street, Boonville, Mo		23c. DATE SIGNED 12/27/56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec 24, 56		24c. NAME OF CEMETERY OR CREMATORY St. Joseph Ceme		24d. LOCATION (City, town, or county) (State) Pilot Grove Mo	
DATE REC'D BY LOCAL REG. 12/24/56		REGISTRAR'S SIGNATURE D. Cooper		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hays - Painter Pilot Grove, Mo			

APR 11 1963

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 *Robert L. Painter*

Licensed Embalmer No. *406*

P. O. Address *Petal Gro*

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.