

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7411**

FILED MAR 12 1957

BIRTH NO. _____		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4547</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Grant City</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Grant City</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 _____				e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Walter</u>		b. (Middle) <u>Marion</u>		c. (Last) <u>Lang</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 19, 1874</u>	
9. AGE (In years last birthday) <u>83</u>		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lyon County, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>J. C. Lang</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Wheelding</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Alma Lang</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alma Lang - Grant City, Missouri</u>			
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* <u>Metastatic Carcinoma of prostate</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Arteriosclerotic Cardiovascular Disease</u> 5 yrs							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Disease</u>		20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <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) <u>Grant City, Missouri</u>			
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?			
22. I hereby certify that I attended the deceased from <u>1951</u> , to <u>Feb 21, 1957</u> , that I last saw the deceased alive on <u>Feb 21, 1957</u> , and that death occurred at <u>7:30p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank B. Matteson, M.D.</u>				23b. ADDRESS <u>Grant City, Missouri</u>		23c. DATE SIGNED <u>2-23-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-24-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lotts Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Worth County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-5-1957</u>		REGISTRAR'S SIGNATURE <u>Lott E. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill A. Dunfee</u>		ADDRESS <u>Grant City</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Bill A. Dunfee*

Licensed Embalmer No. *490*

P. O. Address *Grant*

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.