

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16043**

FILED JUN 3 1957

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>196</u>			
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Knox					
b. CITY (If outside corporate limits, write RURAL and give township) Kirkville, Mo		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Edina Rural		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION Stickler Hospital				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) a. (First) LOUINA		b. (Middle)		c. (Last) LANG		4. DATE OF DEATH (Month) (Day) (Year) May 21, 1957			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug 27, 1891		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Gorin, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William B. Scott			13b. MOTHER'S MAIDEN NAME Margaret Ellen Smith			14. NAME OF HUSBAND OR WIFE Roy A. Lang			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy A. Lang Edina, Missouri					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Pneumonia <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Apoplexy <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Apoplexy DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 2 days 10 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334x				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (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 2-28-57 , 19__, to 5-21-57 , 19__, that I last saw the deceased alive on 5-21-57 , 19__, and that death occurred at 11:15 P.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. Stickler MD				23b. ADDRESS Kirkville, Mo.		23c. DATE SIGNED 5-22-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 24 May '57	24c. NAME OF CEMETERY OR CREMATORY Linville Cemetery		24d. LOCATION (City, town, or county) (State) Edina, Missouri				
DATE REC'D BY LOCAL REG. 5-28-57		REGISTRAR'S SIGNATURE Dorcas W. Ratliff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. B. Primer Edina, Mo					

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

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JUN 4 1951

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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 _____

A. S. Griner

Student Embalmer No. *544*

working under my personal supervision.

Student ..

A. S. Griner

Student Embalmer

Signed

Mrs J. W. Hudson

Licensed Embalmer No. *2972*

P. O. Address *Edina 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.