

FILED JUN 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20511**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **75**

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 town) Boonville		c. CITY OR TOWN Bunceton	
c. LENGTH OF STAY (In this place) 2 weeks		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		STREET ADDRESS (If rural, give location) R. F. D.	

3. NAME OF DECEASED a. (First) Leonard b. (Middle) _____ c. (Last) Langkop			4. DATE OF DEATH (Month) (Day) (Year) June 18 1957		
5. SEX <input type="radio"/> Male <input type="radio"/> Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Sept. 1st 1874		9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 HRS. Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm			

13a. FATHER'S NAME Ferdinand Langkop		13b. MOTHER'S MAIDEN NAME Margaret Smith		14. NAME OF HUSBAND OR WIFE Minnie Barron Langkop.	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Waldo Langkop, Bunceton, Mo.	
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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) MYOCARDIAL INSUFFICIENCY WITH HEART BLOCK		INTERVAL BETWEEN ONSET AND DEATH 1 WK	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE		YEARS	
		DUE TO (c) HYPERTENSIVE (CARDIOVASCULAR) DISEASE		YEARS	
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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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 **June 3, 1957**, to **JUNE 18, 1957**, that I last saw the deceased alive on **June 18, 1957**, and that death occurred at **9:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE S. Heca, M.D. (Degree or title)		23b. ADDRESS 279 Main St., Boonville, Mo.		23c. DATE SIGNED June 19, 1957	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 21, 1957		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove	
				24d. LOCATION (City, town, or county) (State) Boonville, Missouri.	

DATE REC'D BY LOCAL REG. 6/20/57		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 5 1957

1957

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JAN 14 1958
CT 8

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 *William N. Wood*

Licensed Embalmer No. 4539..

P. O. Address Boonville, M

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.