

Health, Welfare and Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009334  
STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 40

300  
-57  
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1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE* (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY OR TOWN <u>Boonville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Boonville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hosp.</u> Length of stay in 1b <u>1 day</u>		d. STREET ADDRESS (If outside, give location) <u>8 miles W of Boonville</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>-</u> Last <u>LANG</u>			4. DATE OF DEATH Month <u>March</u> Day <u>24</u> Year <u>1958</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 21, 1859</u>	9. AGE (In years) <u>98</u>	IF UNDER 1 YEAR Month <u>8</u> Day <u>3</u>	IF UNDER 24 HRS. Hours <u>3</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (City and state or country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>George Lang</u>	13b. MOTHER'S MAIDEN NAME <u>Atilia - unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Sophia Lang</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>V</u>	17. INFORMANT <u>Joe Lang, Pilot Grove, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u>
DUE TO (b) <u>Arteriosclerotic heart disease</u>		
DUE TO (c) <u>4200</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>2</u>
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20c. TIME OF INJURY Hour <u>1:00</u> a.m. / p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Boonville</u>	COUNTY <u>Cooper</u>	STATE <u>MO</u>
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21. I attended the deceased from <u>March 23, 1958</u> to <u>March 24</u> and last saw <sup>her</sup> him alive on <u>March 24, 1958</u> Death occurred at <u>1:00 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <u>William C. Abels, MD</u>	22b. ADDRESS <u>329 Main St., Boonville, Mo</u>	22c. DATE SIGNED <u>3-24-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>March 26, 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Martin's Ceme</u>	23d. LOCATION (City, town, or county) (State) <u>Pilot Grove, MO.</u>
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24. FUNERAL DIRECTOR <u>Hays - Painter, Pilot Grove, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>3/25/58</u>	26. REGISTRAR'S SIGNATURE <u>Dee Hooper</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature for item 18. No symptoms or diseases in Part I must be causally related.

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. *4069* .....

P. O. Address *Pilot Grove* .....

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.