

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019067  
STATE FILE NUMBER

FILED JUN 12 1958 Registration District No. 224 Primary Registration District No. 5793 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <b>MONITEAU</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONITEAU</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LINN</b>		c. CITY OR TOWN <b>NEW WOODRIDGE MO</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>NEW WOODRIDGE MO.</b>		d. STREET ADDRESS (If outside, give location) <b>WOODRIDGE MO.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>CARL ADOLPH LENGEY</b>		4. DATE OF DEATH Month Day Year <b>JUNE 7-1958</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JUNE 3-1881</b>
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months Days <b>0 2</b>	IF UNDER 24 HRS. Hours Min. <b>0 0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARM OWNER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>	11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>CARL LENGEY</b>	
13b. MOTHER'S MAIDEN NAME <b>MINNIE HANPETEY DECEASED-ANNA</b>		14. NAME OF HUSBAND OR WIFE <b>DECEASED-ANNA</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO NO</b>		16. SOCIAL SECURITY NO. <b>497-42-5311</b>	
17. INFORMANT <b>Ethel Lenger, Jacobs Kansas City, Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ventricular Fibrillation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Acute Myocardial Failure</b> DUE TO (c) <b>Cong. Heart Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 Min.</b> <b>2 yrs.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic Pancreatitis</b>		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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	
21. I attended the deceased from <b>2-22-56</b> to <b>6/7/58</b> and last saw him alive on <b>6/6/58</b> Death occurred at <b>9:30 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Dr. J. J. ...</b>	
22b. ADDRESS <b>Amestown, Mo.</b>		22c. DATE SIGNED <b>6/9/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JUNE 9, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORIUM <b>LUTHERAN PLERBANT</b>		23d. LOCATION (City, town, or county) (State) <b>NEW WOODRIDGE MO.</b>	
24. FUNERAL DIRECTOR <b>G. ALBERT HAYNBECK</b> <b>RAIRIE HOME MO</b>		25. DATE RECORDED BY LOCAL REG. <b>6/10/58</b>	
26. REGISTRAR'S SIGNATURE <b>Thomas E. Durdon</b>		27. (Licensed Embalmer's Statement on Reverse Side)	

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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SEP 25 1958

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 *G. Albert Hornbeck* .....

Licensed Embalmer No. *2714* .....

P. O. Address *BALTIMORE* .....

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.