Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002185
STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 224 Primary Registration District No. 5796 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: MONITEAU
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): California — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Moniteau
c. CITY OR TOWN: California — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 6 Mi. S.W. California — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: CLARA Middle: MINNIE Last: LANGKOP
4. DATE OF DEATH: Month: JAN Day: 21 Year: 1959

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb. 25. 1875
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 10 Days 36 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: No
11. BIRTHPLACE (City and state or country): California Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: FRANK GENTZSCH
13b. MOTHER'S MAIDEN NAME: UN KNOWN
14. NAME OF HUSBAND OR WIFE: Martin Langkop

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NO
17. INFORMANT: Lenora Langkop Address: Bunceton Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Instant.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4281
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 dead when first seen and last saw her/him alive on ____
Death occurred at 8:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kenyon Latham M.D. Coroner
22b. ADDRESS: California Mo.
22c. DATE SIGNED: 1-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-25-1959
23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county): California (State): Mo

24. FUNERAL DIRECTOR: Hugh E. Williams ADDRESS: California Mo
25. DATE RECD. BY LOCAL REG.: 1-24-59
26. REGISTRAR'S SIGNATURE: H. L. Popejoy

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUL 16 1959

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 .....

Licensed Embalmer No.....

P. O. Address.....

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.