Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014594
STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 316 Primary Registration District No. — Registrar's No. 176

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cantwell, Missouri — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 67 highway — Length of stay in 1b 20 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. FRANCOIS
c. CITY OR TOWN CANTWELL — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 67 HIGHWAY — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Bertha Middle: Elsie Last: Lange
4. DATE OF DEATH Month: April Day: 29 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: December 26, 1876
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR Months Days — 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:
11. BIRTHPLACE (City and state or country): Germany
12. CITIZEN OF WHAT COUNTRY? United States
13a. FATHER'S NAME: Oscar Roegner
13b. MOTHER'S MAIDEN NAME: Olga Cook
14. NAME OF HUSBAND OR WIFE: Charles Morris Lange
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (~~Yes, no, or unknown~~) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Bertha May Welland, Address: Cantwell, Missouri

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) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 491X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): arteriosclerotic heart disease, Diabetes mellitus
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 4-25-59 to 4-29-59 and last saw (her/him) alive on 4-29-59
Death occurred at 8:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W Paul Dennis (Degree or title) M.D.
22b. ADDRESS Flat River, Mo.
22c. DATE SIGNED 5/4/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: May 2, 1959
23c. NAME OF CEMETERY OR CREMATORY: Parkview Cemetery
23d. LOCATION (~~City, town, or~~ county) (State): St. Francois Co., Missouri

24. FUNERAL DIRECTOR: Alvin W. Hood; ADDRESS: 303 Crane St, Flat River, Mo.
25. DATE RECD. BY LOCAL REG.: May 6, 1959
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature on their lines. No symptoms are to be given. All diseases in Part I must be causally related.

MAY 12 1959

STATEMENT BY LICENSED EMBALMER

MAY 12 1959

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 Albin W. Hood

Licensed Embalmer No. 2780

P. O. Address Flat River, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.