

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029603

FILED VS AUG 24 1959

Registration District No. 167 Primary Registration District No. 5606 Registrar's No. 33

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Twp.		Length of stay in 1b	c. CITY OR TOWN Holden
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N.W. of Pittsville, Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) East 2nd St.
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First James Middle Harvey Last Lang			4. DATE OF DEATH Month August Day 17 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-29-1922	9. AGE (last birthday) 36	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cobbler	10b. KIND OF BUSINESS OR INDUSTRY Shoe repair	11. BIRTHPLACE (City and state or country) Kansas City, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME James Henry Lang	13b. MOTHER'S MAIDEN NAME Leona Grace Potter	14. NAME OF HUSBAND OR WIFE Theresa Annette Lang
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes. WW#1 1940 to 1946	16. SOCIAL SECURITY NO. 510-12-6658	17. INFORMANT June L. Hereford, R#3 Ft. Scott,	Address
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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:		Interval BETWEEN ONSET AND DEATH immediate
IMMEDIATE CAUSE (a) Carbon-Monoxide Gas	IMMEDIATE CAUSE (b) Fumes from Gasoline Motor	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	IMMEDIATE CAUSE (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.)
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20c. TIME OF INJURY Hour 4:00 a.m. 8 p.m. 1759	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Farm	20f. CITY, TOWN, OR LOCATION RFD. Bates City, Mo.	COUNTY Johnson	STATE Mo.
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21. I attended the deceased from _____ to _____ and last saw him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William D. Foster, Acting Coroner Warrensburg, Mo	22b. ADDRESS Warrensburg, Mo	22c. DATE SIGNED 8/18/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8-19-59	23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	23d. LOCATION (City, town, or county) (State) Ft. Scott, Kansas.
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24. FUNERAL DIRECTOR E B CAST HOLDEN MO	ADDRESS	25. DATE RECD. BY LOCAL REG. 8-20-59	26. REGISTRAR'S SIGNATURE Mrs. H.V. Redford
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 21 1959

JUL 17 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. B. Cant

Licensed Embalmer No. 4059
P. O. Address Holmes

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.

SEP 4 1959