

**FEDERAL BUREAU OF INVESTIGATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS NOV 9 1959

59-035596

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 308

RECEIVED

1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Osage</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City - Mo</u>		Length of stay in 1b <u>5 days</u>		c. CITY <u>Blount Blount RT Jefferson</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St Mary's Hosp.</u>				d. STREET ADDRESS <u>Approx Smith North Blount</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>William</u> Last <u>LANGE</u>				4. DATE OF DEATH Month <u>NOV</u> Day <u>1</u> Year <u>1959</u>			
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>3-9-1873</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		9. AGE (last birthday) <u>86</u>		IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (City and state or country) <u>Cougar Hill - Mo</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>			
13a. FATHER'S NAME <u>Charles Lange</u>			13b. MOTHER'S MAIDEN NAME <u>von Bhrens</u>			14. NAME OF HUSBAND OR WIFE <u>(Deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Victor Lange - Blount Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) <u>Intermittent Cardiovascular Disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
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) <u>Renal Calculus et.</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.		Month, Day, Year					
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		COUNTY STATE	
21. I attended the deceased from <u>Oct 28, 1959</u> to <u>11-1-59</u> and last saw <sup>her</sup> him alive on <u>11-1-59</u> Death occurred at <u>6:10 P.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>L.B. Klebla M.D.</u>				22b. ADDRESS <u>712 W High - Jefferson City Mo</u>		22c. DATE SIGNED <u>11-3-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Nov 4-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hoening Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Osage County - Mo.</u>	
24. FUNERAL DIRECTOR'S NAME AND ADDRESS <u>Chas. Jackson Belle - Mo</u>				25. DATE RECD. BY LOCAL REG. <u>5 Nov. 1959</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Davis, M.D. Richter Dep.</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 ST AON SA

**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

*Charles J. Sissman*

Licensed Embalmer No. 4178

P. O. Address Blanch-h

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.