

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046166

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 571

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JAN 2 1963**

1. PLACE OF DEATH  
 a. COUNTY Cape Girardeau  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau Length of stay in lb 6 weeks  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Missouri Hosp. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Cape Girardeau  
 c. CITY OR TOWN Millersville Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 2 miles North Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
CARRIE AGNES LANGE Dec. 20 1962

5. SEX FE MALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 2/23/1893 9. AGE (last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework 10b. KIND OF BUSINESS OR INDUSTRY Housewife 11. BIRTHPLACE (City and state or country) Millersville, Mo. USA 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Robert Estes 13b. MOTHER'S MAIDEN NAME Julia Statler 14. NAME OF HUSBAND OR WIFE David Lange (dec.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT David Lange S t. Charles Mo. 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) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 8 hrs.  
 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) \_\_\_\_\_ PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

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 Nov 6, 1962 to Dec. 20, 1962 and last saw her alive on Dec. 19, 1962  
 Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. H. Jaeger, M.D. (Degree or title) 22b. ADDRESS Jackson, Mo. 22c. DATE SIGNED Dec 23, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12/23/1962 23c. NAME OF CEMETERY OR CREMATORY New Salem 23d. LOCATION (City, town, or county) (State) Daisy, Mo.

24. FUNERAL DIRECTOR McCombs ADDRESS Jackson, Missouri 25. DATE RECD. BY LOCAL REG. 12-29-62 26. REGISTRAR'S SIGNATURE John Kasten

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

8168

8160

3

4 1

5 2

6

7 0

8 0

9 331X

10

11

12 3-0

13 1-0

