

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-039645

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED NOV 1 1965

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN White Oak Twp.		c. CITY OR TOWN Urich, Mo.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RR 1 Urich, Mo.		d. STREET ADDRESS RR 1 Urich, Mo.	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Della Middle Mary Last Lang		4. DATE OF DEATH Month Oct. Day 25 Year 1965	
5. SEX Female	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 11-27-83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (last birthday) 81
11. BIRTHPLACE (City and state or country) Indianapolis, Ind.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph Kauffmann		13b. MOTHER'S MAIDEN NAME Arvetha James	
14. NAME OF HUSBAND OR WIFE Otis Lang		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 Otis Lang, Urich, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia DUE TO (b) Fracture Left Femur DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 6 DAYS 3 WEEKS
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 5:10 a.m. A p.m. Month, Day, Year October 19 1965	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 Indianapolis, Indiana	
21. I attended the deceased from October 19 1965 to Oct 25 1965 and last saw her alive on Oct 19 1965 Death occurred at 5:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J.C. Moody M.D.		22b. ADDRESS HARRISONVILLE Mo	
22c. DATE SIGNED 10/25/65		22d. LOCATION (City, town, or county) Indianapolis, Indiana	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-28-65	23c. NAME OF CEMETERY OR CREMATORY Washington Park East	23d. LOCATION (City, town, or county) Indianapolis, Indiana
24. FUNERAL DIRECTOR Snow's Funeral Home, Urich, Mo.		25. DATE RECD. BY LOCAL REG. Oct. 25 65	26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1 **0420**

2 **0420**

3

4 **1**

5 **1**

6

7 **1**

8 **2**

9

10

11

12 **90-0**

13 **1-2**

NOV 2 - 1965

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 Melvin Snow

Licensed Embalmer No. 4034

P. O. Address Brick, 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.

Permit obtained 10-25-65

(MS)