

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019856

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 171

FILED JUN 10 1963

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Clinton	Length of stay in 1b 8 weeks	c. CITY OR TOWN Clinton	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R R # 5

3. NAME OF DECEASED (Type or print) First George Middle L Last Langhammer			4. DATE OF DEATH Month May Day 29 Year 1963		
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 7/8/1894	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Manchester, Iowa	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Joseph Langhammer	13b. MOTHER'S MAIDEN NAME Otilia Fischer	14. NAME OF HUSBAND OR WIFE Mabel Langhammer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) yes WW # 1	16. SOCIAL SECURITY NO. 489-42-5960	17. INFORMANT Address Mabel Langhammer Clinton, Mo
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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:

IMMEDIATE CAUSE (a) **Cachexia** INTERVAL BETWEEN ONSET AND DEATH **20 days**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) **Metastatic Carcinoma (Bone)** **3 mos.**

DUE TO (c) **Transitional cell Carcinoma of bladder** **7 months**

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 <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 Month, Day, Year a.m. p.m.		

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
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21. I attended the deceased from **11-1-62** to **5-29-63** and last saw ^{her}him alive on **5-29-63**
Death occurred at **10-p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W W Bradshaw, M.D.	22b. ADDRESS Clinton, Mo.	22c. DATE SIGNED 6-1-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/1/1963	23c. NAME OF CEMETERY OR CREMATORY Englewood cemetery	23d. LOCATION (City, town, or county): Clinton, Mo
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24. FUNERAL DIRECTOR ADDRESS Sickman & Dunning F H Clinton, Mo	25. DATE RECD. BY LOCAL REG. June-3-1963	26. REGISTRAR'S SIGNATURE Mildred Biguno
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(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59

1 0425
2 0420
3
4 0
5 1
6
7 1
8 0
9 181.0
10
11
12 1-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

JUN 12 1963

10440
04501

0-1-0-1-1

Permit Obtained 6-3-63 (M.B.)

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 R.P. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.