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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MO b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wentworth	
c. LENGTH OF STAY (in this place) 2 weeks		0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION Aurora Community Hosp		d. STREET ADDRESS (If rural, give location) West end	

3. NAME OF DECEASED a. (First) Charles b. (Middle) frenton c. (Last) Lang			4. DATE OF DEATH (Month) 10 (Day) 23 (Year) 50			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Dec 14 1888	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead mining		11. BIRTHPLACE (State or foreign country) Danville, Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Lang		13b. MOTHER'S MAIDEN NAME Nancy Jane Lang		14. NAME OF HUSBAND OR WIFE Lang	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 500/05/6151		17. INFORMANT'S SIGNATURE OR NAME Charles P. Lang	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Mittitic adeno carcinoma Primary liver carcinoma. DUE TO (b) II. OTHER SIGNIFICANT CONDITIONS Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 155X	

19a. DATE OF OPERATION Oct 13 50		19b. MAJOR FINDINGS OF OPERATION Inoperable - biopsy of liver reported metastatic adenocarcinoma		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from Sept 20, 1950, to Oct 23, 1950, that I last saw the deceased alive on Oct 23, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert P. Doulay M.D.		23b. ADDRESS Mouth, Mo		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Rural	24b. DATE 10/26/50	24c. NAME OF CEMETERY OR CREMATORY St Patricks	24d. LOCATION (City, town, or county) (State) Pierce City MO		

DATE REC'D BY LOCAL REG. Nov. 10-50	REGISTRAR'S SIGNATURE Ora Mc Nott	157	25. FUNERAL DIRECTOR'S SIGNATURE William J Weasell	ADDRESS Pierce City Mo
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DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV 15 1950

Dist. File 1150-221

Date Filed 11-17-50

REC-1

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 _____

working under my personal supervision.

Signed *R Gordon Bennett* Student Embalmer No. _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4213

P. O. Address Monett, Misso

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 this body is not embalmed, fact should be so stated above.