Health, Welfare Public Service
883 0
300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026605
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 174

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Moberly — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Woodland Hospital — Length of stay in 1b: 68 Yrs/

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Randolph
c. CITY OR TOWN: Moberly 0883 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 403 Greeley — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ROSE Middle ANN Last WILLER

4. DATE OF DEATH Month JULY Day 29 Year 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ 2 **DIVORCED** ☐

8. DATE OF BIRTH: Oct. 16, 1886

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Germany 4

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Lang

14. MOTHER'S MAIDEN NAME: ----- Hoch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 497-34-4484

17. INFORMANT: George Willard Address: Moberly

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 Yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Sclerosis — ?
DUE TO (c): Diabetes Mellitus 260X — ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Had a Myocardial Infarction 1½ yrs ago.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

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 1946 to July 29, 1958 and last saw her/him alive on July 29, 1958
Death occurred at 2:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] 0

22b. ADDRESS: Moberly, Mo.

22c. DATE SIGNED: July 30, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Aug. 1, 1958

23c. NAME OF CEMETERY OR CREMATORY: St. Mary's

23d. LOCATION (City, town, or county) (State): Moberly Mo.

24. FUNERAL DIRECTOR: Mahan Funeral Service ADDRESS: Moberly

25. DATE RECD. BY LOCAL REG.: 8-1-58

26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student..... Signed.....
Signature of Student Embalmer

Licensed Embalmer No.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.