

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5937

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>St. Francois</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Cantwell</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Cantwell</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>0940</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <i>Ernest</i>	b. (Middle) <i>Otto</i>	c. (Last) <i>Stange</i>	(Month) <i>March</i>	(Day) <i>3</i>	(Year) <i>1955</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White-Cauc</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 2 - 1864</i>	9. AGE (In years last birthday) <i>93-1-1</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Berlin, Germany</i>	
13a. FATHER'S NAME <i>Mr. Jas. Fredrick Stange</i>			13b. MOTHER'S MAIDEN NAME <i>Koris (Unknown) Stange</i>		14. NAME OF HUSBAND OR WIFE <i>Mr. Willie Smith Stange</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mr. Harry Stange (Son) Glad Pine, Mo.</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>(a) Arterio Sclerotic Heart Disease</i>		ANTECEDENT CAUSES <i>Arterio sclerosis</i>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4500</i>			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 *Mar 15, 1954*, to *Mar 3, 1955*, that I last saw the deceased alive on *Jan 4, 1955*, and that death occurred at *7 A. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>C. H. Appleberry M.D.</i>		23b. ADDRESS <i>Fleur River, MO</i>		23c. DATE SIGNED <i>3. 4. 55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>March 5-1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Little Union Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>near Spirit, Ste. Genevieve Co., Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Alvin W. Hood</i>		ADDRESS <i>303 Grand St. Fleur River, Mo.</i>	

DATE REC'D BY LOCAL REG. *Mar. 4, 1955* REGISTRAR'S SIGNATURE *Esther Pudloff*

(Licensed Embalmer's Statement on Reverse Side)

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

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

2780 Alvin W. Hoop

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Fla. Ky

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.