

FILED JUN 21 1949 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20299

State File No.

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5789 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miss. 69</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL St. James Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural St. James Twp. 9</u>	
c. LENGTH OF STAY (In this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi So of East Prairie</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 mi So. of East Prairie</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>C.</u>	b. (Middle) <u>MARION</u>	c. (Last) <u>LANGSTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 19 1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 14, 1885</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Malden, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Lena Langston</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk.</u> (If yes, give war or dates of service) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GORDON MAYFIELD East Prairie, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial insufficiency</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>V222</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 5, 1948, to May 19, 1949, that I last saw the deceased alive on Jan 11, 1949, and that death occurred at 12 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard Davis</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Charlestown Mo</u>	23c. DATE SIGNED <u>5-28-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 22, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W. O. W.</u>	24d. LOCATION (City, town, or county) (State) <u>East Prairie Mo</u>
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DATE REC'D BY LOCAL REG. <u>June 16 1949</u>	REGISTRAR'S SIGNATURE <u>Anna Harper Deputy</u>	1949 GENERAL DIRECTOR'S SIGNATURE <u>Shelby East Prairie</u>	ADDRESS <u>East Prairie</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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MISSOURI STATE BOARD OF HEALTH

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.

Signed _____

Eravis Shelby

Signed _____
Student Embalmer

Licensed Embalmer No. _____

2725

P. O. Address _____

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