

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16280

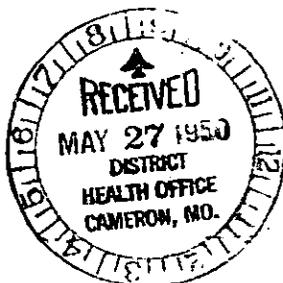
State File No. ....

0210

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4163 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY DAVIESS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY DAVIESS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JAMESPORT		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JAMESPORT, MO 0310	
c. LENGTH OF STAY (in this place) 77 yr.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) MITTA b. (Middle) ORIKKA c. (Last) LANGFORD		4. DATE OF DEATH (Month) (Day) (Year) MAY 13 1950	
5. SEX F	6. COLOR OR RACE WH.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1	8. DATE OF BIRTH MAY 9-1873
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 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 HOUSEKEEPING	11. BIRTHPLACE (State or foreign country) LIVINGSTON COUNTY
12. CITIZEN OF WHAT COUNTRY? AM.			
13a. FATHER'S NAME HAMILTON HENTON		13b. MOTHER'S MAIDEN NAME ELISIE ELEMING	14. NAME OF HUSBAND OR WIFE TILMAN LANGFORD
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME <i>Paul Langford</i> ADDRESS 2610 West 75th
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Choronin hepatitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 Apr 10 - 1950, to May 13, 1950, that I last saw the deceased alive on May 13, 1950, and that death occurred at 11:15 m., from the causes and on the date stated above.			
23a. SIGNATURE <i>J. B. Bailey</i> (Degree or title) D.D.		23b. ADDRESS Jamesport, Mo	23c. DATE SIGNED 5-18-50
24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE 5-15-1950	24c. NAME OF CEMETERY OR CREMATORY MASONIC	24d. LOCATION (City, town, or county) (State) JAMESPORT MO.
DATE RECD BY LOCAL REG. 22 May 1950	REGISTRAR'S SIGNATURE Virginia M Englehardt	81	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Richard L. ... Jamesport Mo</i>

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



JUN 2 1950

**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

*Rolland L. Richardson*

Licensed Embalmer No. *4715*

P. O. Address

*Juneport, 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.