

FILED JUN 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 20047

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>114</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE, (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Carthage</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural -</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune-Brooks Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>LaRussell, Route 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u>		b. (Middle) <u>ELLEN</u>		c. (Last) <u>LANGSTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1950</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>October 18, 1865</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>7</u>		IF UNDER 1 YEAR Days <u>28</u>		IF UNDER 1 HRS. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>----</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Hilbertus Brayshaw</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Brayshaw</u>			14. NAME OF HUSBAND OR WIFE <u>John S. Langston</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr. W.L. Langston, York, Penna.</u>			
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* (a) <u>LYMPHOSARCOMA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3M</u> <u>2001</u>	
19a. DATE OF OPERATION <u>April 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Biopsy - Lymphosarcoma</u>				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) (Min.) _____		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 <u>April 17, 1950</u> , to <u>June 16, 1950</u> , that I last saw the deceased alive on <u>June 16, 1950</u> , and that death occurred at <u>3:55 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank H. Palmer M.D.</u>				23b. ADDRESS <u>Carthage, Mo</u>		23c. DATE SIGNED <u>6-17-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>June 19, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Langston Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>near LaRussell, Mo</u>	
DATE REC'D BY LOCAL REG. <u>6/19/50</u>		REGISTRAR'S SIGNATURE <u>L.B. Clinton, M.D.</u>		139		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo.</u>	

Ph. n. 7244 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-26-50
Jasper County Health Office

County File Number 50-6-503

Date Filed 6-26-50

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 Robert H. Kneiff

Licensed Embalmer No. 4459

P. O. Address Carthage

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.