

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

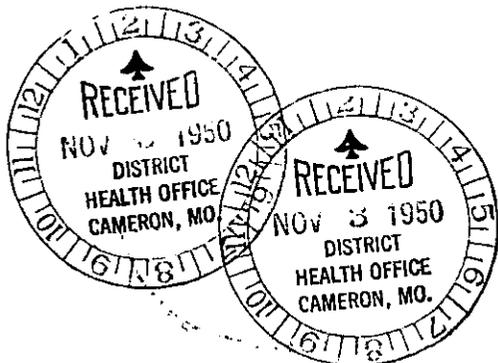
33094

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4163 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>DAVIESS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>DAVIESS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JAMESPORT</u>	c. LENGTH OF STAY (In this place) <u>94</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JAMESPORT 0310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLAY</u> b. (Middle) <u>COLWELL</u> c. (Last) <u>LANGFORD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 25-1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>WH</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>✓</u>	8. DATE OF BIRTH <u>MAR. 27-1856</u>
9. AGE (In years last birthday) <u>94</u>		IF UNDER 1 YEAR Days <u>6</u>	IF UNDER 24 HRS. Hours <u>29</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>Jamesport, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>AM.</u>		13. FATHER'S NAME <u>TURNER T. LANGFORD</u>	
13b. MOTHER'S MAIDEN NAME <u>ELIZABETH DAVIS</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Myrtle Lott</u> ADDRESS <u>JSP MO</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia poisoning</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 hr</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular renal disease</u> DUE TO (c) <u>arterial Sclerosis, hypertrophy/prostate</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>+ 42X</u>	
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) _____	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>Oct 24, 1950</u> to <u>Oct 25, 1950</u> , that I last saw the deceased alive on <u>Oct 24, 1950</u> , and that death occurred at <u>2:00 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H W Bailey</u> (Degree or title) <u>Ed</u>		23b. ADDRESS <u>Galatin MO</u>	23c. DATE SIGNED <u>Oct 29, 50</u>
24a. BURIAL PLACE (Specify) <u>n</u>	24b. DATE <u>10-27-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC</u>	24d. LOCATION (City, town, or county) (State) <u>JAMESPORT MO.</u>
DATE REC'D BY LOCAL REG. <u>28 Oct. 1950</u>	REGISTRAR'S SIGNATURE <u>Regina M. Eng...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard...</u> ADDRESS <u>Jamesport</u>	



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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *B. Linn F. Finkbeiner*.....

Licensed Embalmer No. 4715.....

P. O. Address *Camden, 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.