

FILED NOV 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36421

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 5 PRIMARY REG. DIST. NO. 5244 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Cane Hill		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (in this place)		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION 12 Miles S. of Stockton		d. STREET ADDRESS (If rural, give location) 2015 N. Rogers St.	

3. NAME OF DECEASED (Type or Print)	a. (First) N.	b. (Middle) C.	c. (Last) Langford	4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1950
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5. SEX MD	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 18, 1929	9. AGE (In years last birthday) 21	10. UNDER 1 YEAR Months 6	11. UNDER 100 HOURS Min. 29
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) Dade County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Obie Langford	13b. MOTHER'S MAIDEN NAME Eliza Thompson	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. #2	16. SOCIAL SECURITY NO. 492-34-2356	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Obie Langford, Stockton, Mo.
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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  6866  396
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Airplane crash		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cane Hill, Cedar Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-14-50 2:40	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW-DID INJURY OCCUR? Airplane crash
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. Garrison, Coroner	23b. ADDRESS 54 Eldon, Mo.	23c. DATE SIGNED 10-14-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-18-1950	24c. NAME OF CEMETERY OR CREMATORY Fullington Cem.	24d. LOCATION (City, town, or county) (State) Cedar County, Mo.
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DATE REC'D BY LOCAL REG. 11-2-1950	REGISTRAR'S SIGNATURE Geneva Garrison	54	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John A. Carlton, Stockton, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**DIVISION OF HEALTH OF MO.**  
District No. 5 - Springfield

RECEIVED NOV 4 1950

Dist. File 1150-2230

Date Filed 11-14-50

**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

*John A. Conitt*

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.