

FILED MAR 3 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9502

0180

BIRTH NO. 42671-50 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Little Prairie</u> c. LENGTH OF STAY (in this place) <u>4 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>0780</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location) <u>Rt #1 Box 53</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Chester</u> b. (Middle) <u>Lee</u> c. (Last) <u>Langford</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>July 17, 1950</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>0</u> <u>7</u> <u>5</u> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Caruthersville, Mo (Rural)</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Langford</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Terry</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>John Langford Rt 1 Box 53 Caruthersville Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I, <u>Pauline J. Gannon</u> , DIRECTLY LEADING TO DEATH: (a) <u>17003314 (ill)</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Primary)</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>-</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) <u>Caruthersville Pemiscot, Mo.</u>	
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>2-21-1951</u> , to <u>2-21-1951</u> , that I last saw the deceased alive on <u>2-21-1951</u> , and that death occurred at <u>1:15 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>F. J. Gannon</u>		23b. ADDRESS <u>M.D. Caruthersville, Mo</u>	23c. DATE SIGNED <u>2-22-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elm Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Canada, Switz, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-8-1951</u>	REGISTRAR'S SIGNATURE <u>Fessie B. Wick</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John W. German Hayter, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

3-51-75

REC. 08 1957

S. E. Deecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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 *John H. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.