

FILED MAY 12 1951

STANDARD CERTIFICATE OF DEATH

State File No. 13126

540
1

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

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If litigation: residence before admission). a. STATE Missouri b. COUNTY Rafayette		
b. CITY (If outside corporate limits, write RURAL and give township) Odessa		c. LENGTH OF STAY (In this place) 18 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Odessa Mo		d. STREET ADDRESS (If rural, give location) 0540
d. FULL NAME OF HOSPITAL OR INSTITUTION					
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) B. Langley c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April 29, 1951		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Sept. 3, 1866		9. AGE (In years last birthday) 84 IF UNDER 1 YEAR: Months Days IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joe Langley		13b. MOTHER'S MAIDEN NAME Not Known		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) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Valvular Disease of Heart ANTECEDENT CAUSES Gravidity 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
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4214			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)	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>Jan, 1951</u> to <u>April 29, 1951</u> , that I last saw the deceased alive on <u>4-26-1951</u> , and that death occurred at <u>10 P.m.</u> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Joseph B. Langley M.D.			23b. ADDRESS Odessa Mo		23c. DATE SIGNED 4/30/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 1, 1951	24c. NAME OF CEMETERY OR CREMATORY Greenview		24d. LOCATION (City, town, or county) (State) Kentucky	
DATE REC'D BY LOCAL REG. 4/30/51	REGISTRAR'S SIGNATURE Emma Davidson		453	25. FUNERAL DIRECTOR'S SIGNATURE Human Sparks ADDRESS Odessa, Mo.	

RECEIVED 5-11-61

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-11-61 _____

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

William T. Sparks

Signed _____
Student Embalmer

Licensed Embalmer No. # 4431

P. O. Address *Odessa, 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.