

FILED MAY 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17136

537

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

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>30.33</u>		Registrar's No. <u>485</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lebanon</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		1532	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 66, Lebanon, Mo.</u>				d. STREET ADDRESS <u>234 S. Washington</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Langston</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 23 1951</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>March 9, 1880</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Laclede Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Marshall W. Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. McClurg</u>		14. NAME OF HUSBAND OR WIFE <u>Wayne Langston</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>_____</u>		17. INFORMANT'S SIGNATURE OR NAME <u>M. W. Johnson</u> ADDRESS <u>Springfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES <u>Serious lung infection</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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>8-3</u> 19 <u>50</u> , to <u>5-23</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-23</u> , 19 <u>51</u> , and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Lebanon Mo.</u>		23c. DATE SIGNED <u>5-24-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/25/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oaklawn Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-24-1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>424</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Lebanon Mo</u>			

JUL 25 1951  
JUL 12 1951

Received MAY 26 1951  
Laclede County Health Unit  
File No. 5-51-77  
Date Filed MAY 28 1951

AUG 1 1952

JUL 29 1952

JUL 30 1952

JUL 18 1952

JUL 24 1952

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 S. R. Pulson

Licensed Embalmer No. 2208

P. O. Address Lobannon 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.