

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29987**
814

FILED OCT 1 1951

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. _____

0396
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTY Pulaski)	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Waynesville, 0850	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns Hospital		d. STREET ADDRESS (If rural, give location) No street address 1	

3. NAME OF DECEASED (Type or Print) a. (First) Harry	b. (Middle) Amos	c. (Last) Langley	4. DATE OF DEATH (Month) (Day) (Year) September 22 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Dec 29, 1898	9. AGE (In years last birthday) 52	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) Driver, Cab		10b. KIND OF BUSINESS OR INDUSTRY Cab Co.		11. BIRTHPLACE (State or foreign country) Springfield, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Langley	13b. MOTHER'S MAIDEN NAME Delia Marsh	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) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs Delia Gisler, Springfield, Mo.	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4 depressed skull fractures		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) concussion DUE TO (c) shock		
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 185 E 983X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) near county rd.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near Waynesville Pulaski Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-26-51 3:00	21e. INJURY OCCURRED WHILE AT WORK? (Specify) <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Multiple blows to the head Homicide.
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22. I hereby certify that the deceased died of the causes stated above, that I last saw the deceased alive on **Sept 26, 1951** and that death occurred at **3:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Allen Pyckens, Coroner	(Degree or title)	23b. ADDRESS 407 Medical Arts Bldg.	23c. DATE SIGNED 9-26-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 26, 1951	24c. NAME OF CEMETERY OR CREMATORY Eastlawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
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DATE REC'D BY LOCAL REG. 9-26-51	REGISTRAR'S SIGNATURE W.E. Handley MD	25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeier	ADDRESS Springfield, Mo
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Colorado

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

James T. Swalley

Signed.....
Student Embalmer

Licensed Embalmer No. *4815*

P. O. Address *Hyampack*

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.