

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

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

OCT 23 1951

REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4163 Registrar's No. 84

1. PLACE OF DEATH  
 a. COUNTY DAVIES  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JAMESPORT  
 c. LENGTH OF STAY (In this place) 93  
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE MO. b. COUNTY DAVIES  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JAMESPORT 0310  
 d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED  
 a. (First) ANDERSON b. (Middle) c. (Last) LANGFORD  
 4. DATE OF DEATH (Month) (Day) (Year) OCT 3 - 1951

5. SEX M 6. COLOR OR RACE WH 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) / 8. DATE OF BIRTH FEB. 7 - 1858 9. AGE (In years last birthday) 93 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 11. BIRTHPLACE (State or foreign country) 0 12. CITIZEN OF WHAT COUNTRY? D.M.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 10b. KIND OF BUSINESS OR INDUSTRY FARMING 11. BIRTHPLACE (State or foreign country) 0 12. CITIZEN OF WHAT COUNTRY? D.M.

13a. FATHER'S NAME RICHARD TURNER LANGFORD 13b. MOTHER'S MAIDEN NAME ELIZABETH DAVIS Alice Wetzel Langford 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice Langford Jamesport, MO.

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.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage  
 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. Carcinoma - left ear, amputated

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 1991 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Aug 10, 1951, to Oct 3, 1951, that I last saw the deceased alive on Oct 3, 1951, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE J.B. Barber (Degree or title) 23b. ADDRESS Jamesport Mo 23c. DATE SIGNED 10-6-51

24a. BURIAL (Specify) 24b. DATE 10-6-1951 24c. NAME OF CEMETERY OR CREMATORY MASONIC 24d. LOCATION (City, town, or county) (State) JAMESPORT MO

DATE REC'D BY LOCAL REG. 19 Oct. 1951 REGISTRAR'S SIGNATURE Virginia M. Engalbert 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Richard Langford, Jamesport, MO. (Licensed Embalmer's Statement on Reverse Side)

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

310



DEC 30 1959

OCT 2 1959

VS AUG 4 1959

**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 *Rollin T. Richardson*

Licensed Embalmer No. 4715

P. O. Address *Juniata, 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.