S. No. 300
v. 10-48

FILED APR 28 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12513

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 5418 Registrar's No. 15

0351

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

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-CottonHill Twp.
c. LENGTH OF STAY (in this place): 1 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Malden, Rte.1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Broseley 0120
d. STREET ADDRESS (If rural, give location): Rte.1 /

3. NAME OF DECEASED (Type or Print)
a. (First): FRANCES
b. (Middle): ELIZABETH
c. (Last): LANGSTON

4. DATE OF DEATH (Month) (Day) (Year): March 16 1952

5. SEX: Female /
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: Nov.22,1882
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 3, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): ARKANSAS /
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Ben Hodge
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Elbert Langston

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: Elbert Langston, Broseley, Mo.R.1

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inflamation in Lung after fall — INTERVAL BETWEEN ONSET AND DEATH: Mach 8-

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Fell in Road hurt Right side
DUE TO (c) an exomation of atent head — E9040

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* a 4+ sugar in urine — 21

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 012
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Mach 8/52
21b. PLACE OF INJURY (e.g., in or about home, farm, [illegible]): in Road in [illegible]
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Butler Co Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell in Road.

22. *I hereby certify that I attended the deceased from* March 9, 1952, *to* March 16, 1952, *that I last saw the deceased alive on* March 16, 1952, *and that death occurred at* 7:05P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. Carlston D.O.
23b. ADDRESS: Malden Mo
23c. DATE SIGNED: April 1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar.18,1952
24c. NAME OF CEMETERY OR CREMATORY: Mt. Gilead Cemetery
24d. LOCATION (City, town, or county) (State): Clarkton, Mo. Rte.1

DATE REC'D BY LOCAL REG.: 4/19/52
REGISTRAR'S SIGNATURE: J. D. Schoeneman 87-1
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Landess Funeral Home Campbell, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 4-21-52

COUNTY FILE NUMBER 452-102

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.