

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23580

State File No. _____

FILED AUG 12 1952

BIRTH NO. _____		REG. DIST. NO. <u>16</u>		PRIMARY REG. DIST. NO. <u>5076</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Richland</u>			c. LENGTH OF STAY (in this place) <u>15 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Richland</u>			<u>0060</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>4 miles north of Jasper</u>				d. STREET ADDRESS (If rural, give location) <u>4 miles north of Jasper</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Marvin</u>	b. (Middle) <u>Ernest</u>	c. (Last) <u>Langford</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 4 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 7, 1890</u>		9. AGE (In years last birthday) <u>62</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>Mail Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U. S. Mail</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cain Hill, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Larkin Langford</u>		13b. MOTHER'S MAIDEN NAME <u>Mrs. Cora York</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Maude Langford</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>World War I</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Maude Langford, Jasper, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic heart disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 min -</u> <u>6 wks. ago</u> <u>4-5 yrs.?</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>42 OR</u>					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) (Min.)		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>1949</u> , to <u>August 4, 1952</u> , that I last saw the deceased alive on <u>July 24, 1952</u> , and that death occurred at <u>12:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. H. Scheel</u> (Degree or title) <u>md</u>				23b. ADDRESS <u>201 W. 3rd, Guthrie, Mo.</u>		23c. DATE SIGNED <u>8/6/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 7, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Paradise</u>		24d. LOCATION (City, town, or county) (State) <u>Jasper County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8/7/52</u>		REGISTRAR'S SIGNATURE <u>Hazel H. Pugh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Martin Selvey</u>		ADDRESS <u>Sharp & Selvey, Jasper, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

10463 Harrison

SEP 10 1934

10463 Harrison

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 _____

Laurie L. Sharp

Student Embalmer No. 345

working under my personal supervision.

Student *Laurie L. Sharp*
Student Embalmer

Signed *George W. Newcomb*

Licensed Embalmer No. 4671

P. O. Address *Lockwood, W*

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.