No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39805

FILED NOV 24 1952

BIRTH NO. 78411 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 274

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

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Woodland Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon 0611
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Lyle
b. (Middle): Matthew
c. (Last): Langdon

4. DATE OF DEATH (Month) (Day) (Year): Nov. 19, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ✓
8. DATE OF BIRTH: Nov 18th 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 5 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and State or Foreign Country): 0 Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Ernest Langdon
13b. MOTHER'S MAIDEN NAME: Jean Juhl
14. NAME OF HUSBAND OR WIFE: ✓
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Ernest Langdon. ADDRESS: Moberly 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity
DUE TO (c):

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: 7625
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) m.
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* Nov. 18, 1952, *to* Nov. 19, 1952, *that I last saw the deceased alive on* Nov. 19, 1952, *and that death occurred at* 1:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert H. Young M.D.
23b. ADDRESS: Moberly Mo.
23c. DATE SIGNED: 11-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 19th 1952
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mc Gardens
24d. LOCATION (City, town, or county) (State): Moberly Mo

DATE REC'D BY LOCAL REG.: 11/19/52
REGISTRAR'S SIGNATURE: Leah Williams Lowe
25. FUNERAL DIRECTOR'S SIGNATURE: Mahan and Son
ADDRESS: Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.