

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17115**

FILED MAY 25 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 580

1. PLACE OF DEATH a. COUNTY <u>Ruchanan</u> <i>0117</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ruchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> <i>0117</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2308 s. 10th street</u>		d. STREET ADDRESS (If rural, give location) <u>2308 s. 10th street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u> b. (Middle) _____ c. (Last) <u>Langston</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 13, 1953</u>		
---	--	--	---	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>August 24, 1880</u>	9. AGE (In years last birthday) <u>72</u>	10. MONTHS <u>72</u>	11. DAYS <u>72</u>	12. HOURS <u>72</u>	13. MIN. <u>72</u>
--------------------	-------------------------------	---	---	---	----------------------	--------------------	---------------------	--------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ret RR-St. Joseph, Mo.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
---	--	---	--	--	--	---	--

13a. FATHER'S NAME <u>Abe Langston</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie (unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Catherine Langston</u>			
--	--	---	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Matt. Rogers</u> ADDRESS <u>St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis / nephritis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>?</u>							
		DUE TO (c) <u>?</u>							
		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 <u>4222</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 1-13-53 to 5-13, 1953 that I last saw the deceased alive on 5-9, 1953 and that death occurred at 8:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. John Hartsock D.O.</u> (Degree or title)		23b. ADDRESS <u>926 Edmond City</u>		23c. DATE SIGNED <u>5-14-53</u>	
--	--	-------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 15, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
---	--	-------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>May 20, 1953</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> <u>485</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Muehoffer-Plesman, Inc.</u> ADDRESS <u>St. Joseph, Mo.</u>	
--	--	---	--	--	--

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

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 Edward P. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.