

FILED JUL 15 1953

STANDARD CERTIFICATE OF DEATH

State File No.

22030

2532
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BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Missouri</u> COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Block Hotel</u>		d. STREET ADDRESS (If rural, give location) <u>Block Hotel</u>	
3. NAME OF DECEASED a. (First) <u>Minnie</u>		b. (Middle) <u>Langford</u>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>June 24, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 4, 1886</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Practical nurse</u>	11. BIRTHPLACE (State or foreign country) <u>Camden Co. Mo. U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY? _____		13. FATHER'S NAME <u>Richard Craddock</u>	
14. MOTHER'S MAIDEN NAME <u>Mary Davis</u>		15. NAME OF HUSBAND OR WIFE <u>Lee Langford</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. SOCIAL SECURITY NO. <u>none</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.		19. INFORMANT'S SIGNATURE OR NAME <u>James Evans Stoutland</u>	
19. ADDRESS _____		20. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>(7)</u> 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____		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>5-4-1953</u> , to <u>6-24-1953</u> , that I last saw the deceased alive on <u>6-24-1953</u> , and that death occurred at <u>2: P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>K. E. Hanel</u>		23b. ADDRESS <u>Lebanon, Mo.</u>	
23c. DATE SIGNED <u>7-8-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>6/26/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillhouse Cemetery near Stoutland Mo.</u>	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hella L. Hlay</u>	
25. ADDRESS <u>W. E. Holman Lebanon, Mo.</u>		DATE REC'D BY LOCAL REG. <u>7-9-1953</u>	

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

JUL 1 1 1953

Received

Inclde County Health Unit

File No. 7-53-105

Date Filed JUL 1 4 1953

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 *Dorsey M. Howe*

Signed.....
Student Embalmer

Licensed Embalmer No. 4222

P. O. Address *Lebanon, 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.