

FILED JUL 9 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

184573  
State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>86</u>	
1. PLACE OF DEATH a. COUNTY <u>HUNKLIN</u> b. CITY OR TOWN <u>KENNETT</u> c. LENGTH OF STAY (in this place) <u>5 Days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORIAL HOSPITAL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HUNKLIN</u> c. CITY OR TOWN <u>HORNERSVILLE, MO.</u> d. STREET ADDRESS _____ (If rural, give location) <u>0350</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>JEWETT</u> c. (Last) <u>LANGSTON-JR</u>			4. DATE OF DEATH <u>June 24-1954</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May-18-1896</u>	
9. AGE (In years last birthday) <u>58</u>		10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>Farmer-Singer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cottons industry</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Greentown, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Albert Jewett Langston</u>		13b. MOTHER'S MARDEN NAME <u>Mary Jane Moore</u>		14. NAME OF HUSBAND OR WIFE <u>May Smyth Langston</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>499-12-2046</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wilburn L. David</u> ADDRESS <u>Kenett, 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>CORONARY Thrombosis</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.					INTERVAL BETWEEN ONSET AND DEATH <u>12 Hours</u>
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. HOW DID INJURY OCCUR? _____	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>6/24/54</u> to <u>6/24/54</u> , that I last saw the deceased alive on <u>6/24/54</u> , and that death occurred at <u>11:55</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>George P. Sumner M.D.</u>		23b. ADDRESS <u>Kenett, Mo</u>		23c. DATE SIGNED <u>6/26/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 27-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Kenett, Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-28-54</u>		REGISTRAR'S SIGNATURE <u>Carl Hanson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Salzman</u> ADDRESS <u>Kenett, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 11 1954

OCT 21 1954

NOV 28 1954

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 7-8-54

COUNTY FILE NUMBER 754-19

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 \_\_\_\_\_

LYMAN R. CONNINGHAM

Student Embalmer No. 503

working under my personal supervision.

Student Lyman R. Conningham  
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 2556

P. O. Address Fennett, 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.