

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. LANGSTON
State File No. **26840**
Registrar's No. **827**

No. 300
10.48

FILED SEP 7 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY OR TOWN SPRINGFIELD	c. LENGTH OF STAY (in this place) 57 YRS.	c. CITY OR TOWN SPRINGFIELD	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1624 N. GRANT		e. STREET ADDRESS (If rural, give location) 1624 N. GRANT	

3. NAME OF DECEASED (Type or Print) a. (First) LOUIS	b. (Middle) P.	c. (Last) LAVELLE	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 2 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 31 1882	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED YARDMASTER	10b. KIND OF BUSINESS OR INDUSTRY FRISCO R.R.	11. BIRTHPLACE (City and State or Foreign Country) PIERCE CITY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME MARTIN LAVELLE	13b. MOTHER'S MAIDEN NAME FLORA DEERROOSE	14. NAME OF HUSBAND OR WIFE LEONA LAVELLE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS MRS. LEONA LAVELLE SPFLD, MO.
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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.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Adeno carcinoma of Stomach ANTECEDENT CAUSES 2 Pulmonary metastasis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 19-24 months
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Perinuclear Anemia 151X gis		

19a. DATE OF OPERATION Feb. 1953	19b. MAJOR FINDINGS OF OPERATION ac gangrenous cholecystitis - Gastric biopsy	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (Home, farm, factory, street, office, etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) SPRINGFIELD COUNTY GREENE (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from Feb. 18 1954, to 9/2 1954, that I last saw the deceased alive on 8/31 1954, and that death occurred at 3:50 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Roland Langston M.D.	23b. ADDRESS Springfield	23c. DATE SIGNED 9/3/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9/6/54	24c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
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DATE REC'D BY LOCAL REG. 9-4-54	REGISTRAR'S SIGNATURE Edna Williamson	25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER	ADDRESS SPRINGFIELD, MO.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

SEP 12 1931

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.....
Signature of Student Embalmer

Signed *Lucien T. Swadlow*.....

Licensed Embalmer No. *1112*.....

P. O. Address. *Springfield*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.