

STANDARD CERTIFICATE OF DEATH

6864

State File No.

FILED MAR 1 1955

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>355</u>			
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> <u>4</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE <u>-</u> c. COUNTY <u>4000</u>					
b. CITY OR TOWN <u>Marchestee</u>		c. LENGTH OF STAY (in this place) <u>5 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>4000</u>		OR TOWN			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PINE CREST NURSING HOME</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <u>PHILANDER</u>			a. (First)		b. (Middle)		c. (Last) <u>LANGLEY</u>		
4. DATE OF DEATH <u>FEB. 4, 1955</u>		(Month) (Day) (Year)		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>FEB. 17, 1866</u>		9. AGE (in years last birthday) <u>88</u>		10. UNDER 1 YEAR: Months _____ Days _____			
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) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Jeremiah Langley</u>			13b. MOTHER'S MAIDEN NAME <u>Emily Beasley</u>			14. NAME OF HUSBAND OR WIFE <u>MATTIE JOHNSON</u>			
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 <u>PINE CREST NURSING HOME</u> ADDRESS <u>MANCHESTER, MO.</u>					
18. CAUSE OF DEATH Enter only one on upper 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>Chronic Myocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterio-Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Dec 15, 1951</u> , to <u>Feb 4, 1955</u> , that I last saw the deceased alive on <u>Feb 2, 1955</u> , and that death occurred at <u>12:55 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R. H. Jensen</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>932 Newport</u>		23c. DATE SIGNED <u>2/5/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-12-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-10-55</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Donke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Pauland</u> ADDRESS <u>404 Manchester</u>					

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

(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 Ro Eurbalm

Licensed Embalmer No. 00000

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.