

FILED JUL 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20259

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 5460 Registrar's No. 573

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 (If outside corporate limits, give TOWNSHIP only) OR Rural, Clay Twp. TOWN			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rogersville Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR RURAL ROUTE INSTITUTE Rural Route Rogersville			Length of stay in lb 64		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Frank Byron Langston				First	Middle	Last	4. DATE OF DEATH Month June Day 24 Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 20, 1891		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard			10b. KIND OF BUSINESS OR INDUSTRY Fed. Med. Center.		11. BIRTHPLACE (City and state or country) Greene Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U S A			
13. FATHER'S NAME Thomas H. Langston				14. MOTHER'S MAIDEN NAME Mandy Gibson						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I			16. SOCIAL SECURITY NO. none		17. INFORMANT Address Rogersville Mrs. Charlotte Langston, Route 2.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction							INTERVAL BETWEEN ONSET AND DEATH 2 day			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arteriosclerotic heart disease	DUE TO (c) embolus of lung	DUE TO (b)	DUE TO (c)	DUE TO (b)	DUE TO (c)	DUE TO (b)	DUE TO (c)	DUE TO (b)	DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) H200							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour a. m. p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE				
21. I attended the deceased from 6-22-56 to 6-24-56 and last saw her/him alive on 6-22-56 . Death occurred at 6:50 am 6-24-56 on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) Michael Clarke				22b. ADDRESS 1630 N Jefferson				22c. DATE SIGNED 6-26-56		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE June 27-'56	23c. NAME OF CEMETERY OR CREMATORY Springfield National			23d. LOCATION (City, town, or county) (State) Springfield, Missouri.					
24. FUNERAL DIRECTOR Ray Fanning			ADDRESS Springfield, Missouri.		25. DATE RECD. BY LOCAL REG. 6-26-56		26. REGISTRAR'S SIGNATURE John Williamson			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 6 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by Student Embalmer No. working under my personal supervision.

Student Signature of Student Embalmer

Signed *[Handwritten Signature]*

Licensed Embalmer No. 33

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.