

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21439

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 251

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 72 yrs.	c. CITY OR TOWN Sedalia
d. FULL NAME OF HOSPITAL OR INSTITUTION 1508 East 10th., St.		STREET ADDRESS (If rural, give location) 1508 East 10th., St. 0805	

3. NAME OF DECEASED (Type or Print) EDWARD LEE LANGDON			4. DATE OF DEATH June 20, 1956		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
EDWARD	LEE	LANGDON	June	20	1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 20, 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Missouri Public Service	11. BIRTHPLACE (City and State or Foreign Country) Corydon, Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Leonard Cole Langdon	13b. MOTHER'S MAIDEN NAME Mary Frances Heisham	14. NAME OF HUSBAND OR WIFE Minnie Steele Langdon
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 491-07-5169	17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie S. Langdon	ADDRESS Sedalia, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous		4 mon
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Cecum DUE TO (c)		18 mon
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"/>
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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) m.	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 Feb, 1956, to 6-20, 1956, that I last saw the deceased alive on 6-17, 1956, and that death occurred at 8:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Oliver A. Lowe M.D.	23b. ADDRESS Sedalia, Mo.	23c. DATE SIGNED 6-22-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/22/1956	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Otterville, Mo.
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DATE REC'D BY LOCAL REG. 6-22-58	REGISTRAR'S SIGNATURE Laura Cooney, Deputy	25. FUNERAL DIRECTOR'S SIGNATURE W. Beckert	ADDRESS Sedalia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Russell C. Maag*

Licensed Embalmer No. *48*

P. O. Address *Sedalia,*

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.