

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31070**

FILED SEP 20 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Prairie</b>		c. LENGTH OF STAY (in this place) <b>9 yr 5 mo</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Prairie</b>		d. STREET ADDRESS (If rural, give location) <b>Independence 4, Mo.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jackson County Hospt.</b>					

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>-----</b> c. (Last) <b>Blackford</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9 5 1956</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Jan. 1<sup>st</sup> 1888</b>	9. AGE (in years) (last birthday) Months Days Hours Min. <b>Unknown 68 years</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	11. BIRTHPLACE (State or foreign country) <b>Paris, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>	
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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) <b>Unknown</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Independence Mo Jackson County Hospital Records,</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) <b>Arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>332x</b>		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 Nov 19 1954, to Sept 4 1956, that I last saw the deceased alive on Sept 4, 1956, and that death occurred at 8:10 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. B. Langford M.D.</b>	23b. ADDRESS <b>Jackson County, Mo.</b>	23c. DATE SIGNED <b>9-5-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Sept. 6, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Paris Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Paris, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>9-5-56</b>	REGISTRAR'S SIGNATURE <b>W. B. Langford</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Langsford Funeral Home, Lee's Summit</b>	ADDRESS <b>Mo.</b>
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fill in medicine AND Name I'll fill in the rest Thanks Buck 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 .....  
Student Embalmer

Signed *N. B. Langford*

Licensed Embalmer No. 4962

P. O. Address *Leicester, Mass.*

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.