

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35123**

FILED OCT 30 1956

REG. DIST. NO. **297448**

PRIMARY REG. DIST. NO. **6024** Registrar's No. **78**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Colmira		c. LENGTH OF STAY (in this place) 52 yrs	c. CITY OR TOWN Colmira
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) PARAH b. (Middle) ISABELLE c. (Last) WEYMOUTH		4. DATE OF DEATH (Month) (Day) (Year) Oct. 15 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 18 1860
9. AGE (In years last birthday) 96		IF UNDER 1 YEAR Months 4 Days 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and State or Foreign Country) Buchanan Co - Mo
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Stephen Langford	
13b. MOTHER'S MAIDEN NAME Elizabeth Slower		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs Wm James		ADDRESS Colmira Mo	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Marasmus ANTECEDENT CAUSES Chronic Cardiac Renal Vascular Disease DUE TO (b) Serious Arteriosclerosis, Cerebral Hemorrhage DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 1 yr 10 yr 4 yr		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) Colmira Ray Mo.		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 1950 , Oct 15 , 1956 , that I last saw the deceased alive on Oct 15 , 1956 , and that death occurred at 11 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wm J. Lawson		23b. ADDRESS Lawson Mo	
23c. DATE SIGNED 10/16/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct 17 '56		24c. NAME OF CEMETERY OR CREMATORY Colmira Cemetery	
24d. LOCATION (City, town, or county) (State) Colmira Mo		25. FUNERAL DIRECTOR'S SIGNATURE Jerman - Prichard Lawson	
DATE REC'D BY LOCAL REG. Oct 22 - 1956		REGISTRAR'S SIGNATURE Malcolm Jackson	
ADDRESS Lawson Mo		ADDRESS	

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

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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 *Ralph E. Van Landingham*
Licensed Embalmer No. *4001*
Exeter Springs, Mo.
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.