

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42390**

FILED DEC 24 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5924** Registrar's No. **485**

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Pettis</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Dresden twmsp.</b> | c. LENGTH OF STAY (if this place)<br><input checked="" type="checkbox"/> | c. CITY OR TOWN <b>Lamonte</b>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 miles north Dresden</b>                                  |  | STREET ADDRESS (If rural, give location)   |  |

|                                     |                        |                           |                           |   |
|-------------------------------------|------------------------|---------------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>LUAL</b> | b. (Middle) <b>HOWARD</b> | c. (Last) <b>LANGFORD</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>December 16, 1956</b> |
|-------------------------------------|------------------------|---------------------------|---------------------------|---|

|                    |                               |   |                                       |   |                        |                       |       |      |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|-----------------------|-------|------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>April 1, 1915</b> | 9. AGE (In years last birthday) <b>41</b> | 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) <b>Iron Worker</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Construction bldg.</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Dade County, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|--|---|---|--|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <b>Howard Langford</b> | 13b. MOTHER'S MAIDEN NAME <b>Ora Davis</b> | 14. NAME OF HUSBAND OR WIFE <b>Geula Tunnell Langford</b> |
|---|--|---|

|   |  |  |         |
|---|--|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>570-12-1403</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Geula Langford, Lamonte, Mo.</b> | ADDRESS |
|---|--|--|---------|

|   |   |      |                                  |
|---|---|------|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |      | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Accidental death by firearm.</b>  |      |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |      |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>- Conditions contributing to the death but not related to the disease or condition causing death.   |   | 9195 |                                  |

|                        |  |   |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>43</b> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|---|

|   |   |   |
|---|---|---|
| 21a. ACCIDENT (Specify) <b>Accident</b> | 21b. PLACE OF INJURY (e.g., in or about home, in factory, street, office bldg., etc.) <b>Public Highway</b> | 21c. (CITY, TOWN, OR TOWNSHIP) <b>Dresden</b> (COUNTY) <b>Pettis</b> (STATE) <b>Mo.</b> |
|---|---|---|

|  |   |   |
|--|---|---|
| 21d. TIME OF INJURY <b>12-16-56 10:00 AM</b> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>Shot gun accidentally fired while getting out of car.</b> |
|--|---|---|

22. I hereby certify that I **visited** the deceased **at 19 Cornet**, 19\_\_\_\_, that I had seen the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **10:00 a.m.**, from the causes and on the date stated above.

|                                   |  |  |                                  |
|-----------------------------------|--|--|----------------------------------|
| 23a. SIGNATURE <b>Chas Gordon</b> | (Dee or title) <b>Superintendent Corners Pettis Co</b> | 23b. ADDRESS <b>Greenfield, Missouri</b> | 23c. DATE SIGNED <b>12-17-56</b> |
|-----------------------------------|--|--|----------------------------------|

|  |                                |   |   |
|--|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>Dec. 17, 1956</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Greenfield Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Greenfield, Missouri</b> |
|--|--------------------------------|---|---|

|  |   |  |                             |
|--|---|--|-----------------------------|
| DATE REC'D BY LOCAL REG. <b>12-17-56</b> | REGISTRAR'S SIGNATURE <b>Wanda Coontz</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Wanda Coontz</b> | ADDRESS <b>Sedalia, Mo.</b> |
|--|---|--|-----------------------------|

(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 *A. E. Baker*

Licensed Embalmer No. *2419*

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.