

FILED JAN 7 1957

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **44367**

BIRTH MO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 3019	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, write RURAL and give township) Robertson		c. LENGTH OF STAY (in this place) 14 Days		c. CITY OR TOWN De Soto		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sarah Frances Nursing H.				e. STREET ADDRESS (If rural, give location) 618 Flucom Road 05001			
3. NAME OF DECEASED (Type or Print) MISSOURI		a. (First)		b. (Middle)		c. (Last) LANGFORD	
4. DATE OF DEATH (Month) (Day) (Year) 12-20-1956		5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married	
8. DATE OF BIRTH 7-4-1888		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic Work		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Potosi, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Phil Langford		13b. MOTHER'S MAIDEN NAME Cornelia Reed		14. NAME OF HUSBAND OR WIFE None			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bridget Burnside, DeSoto, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Decubitis ulcer of the coccyx - left Butt ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. cellulites of Rt Right DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 6926				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) DeSoto, Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none			
22. I hereby certify that I attended the deceased from 12-6, 1956 , to 12-20, 1956 , that I last saw the deceased alive on 12-20, 1956 , and that death occurred at 1:50 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Tracy S. Alexander MD				23b. ADDRESS 826 N Channing - St Louis		23c. DATE SIGNED 12-21-56	
24a. BURIAL (CREMATION) REMOVAL (Specify) Removal		24b. DATE 12-22-1956		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) DeSoto, Missouri	
DATE REC'D BY LOCAL REG. 12-21-56		REGISTRAR'S SIGNATURE Bridget B. Donnelly		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Lee Mothershead, DeSoto, Mo.			

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 *Jose Metherhead*

Licensed Embalmer No. *3531*

P. O. Address *Desoto W*

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.