

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040355

STATE FILE NUMBER

FILED DEC 10 1958 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before institution) a. STATE Missouri COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Prairie		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Independence		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Co. Hosp.			Length of stay in lb 32 Yrs		d. STREET ADDRESS (If outside, give location) Jackson Co. Home		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Jennie Middle Last Langsford				4. DATE OF DEATH Month Nov. Day 27 Year 1958									
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 1-1898		9. AGE (In years last birthday) 60		10. FUNDER 1 YEAR Months Days Hours Min.		11. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Elmira Mo.				12. CITIZEN OF WHAT COUNTRY? U S A			
13a. FATHER'S NAME Frank Langsford				13b. MOTHER'S MAIDEN NAME Martha ??????				14. NAME OF HUSBAND OR WIFE *****					
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 Address Records Jackson Co. Hosp Indep. Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Lobar pneumonia								INTERVAL BETWEEN ONSET AND DEATH					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 490X									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.													
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY STATE					
21. I attended the deceased from 11-13-58 to 11-27-58 and last saw her alive on 11-26-58 Death occurred at 5:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Phil Japer M.D.						22b. ADDRESS Lee's Summit Mo			22c. DATE SIGNED 11-28-58				
23a. BURIAL, CREMATION, REMOVAL (Specify) Anatomical			23b. DATE 12/2/1958		23c. NAME OF CEMETERY OR CREMATORY Univ. Of Kansas City			23d. LOCATION (City, town, or county) (State) Kansas City Mo.					
24. FUNERAL DIRECTOR Langsford Funeral Home Lee's Summit Mo.						25. DATE RECD. BY LOCAL REG. 12-2-1958		26. REGISTRAR'S SIGNATURE D.B. Langsford					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *D. B. Langford*
Licensed Embalmer No. *4962*

P. O. Address *Lee's Summit, Mo.*

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.