

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

-61-016129  
STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 71

**FILED MAY 4 1961**

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sikeston</b>		Length of stay in 1b <b>3 Months</b>	c. CITY OR TOWN <b>Sikeston</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR RESIDENCE <b>503 Harris St.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>503 Harris Street</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Josephine Pearl Langley</b>		4. DATE OF DEATH Month Day Year <b>April 14, 1961</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-5-1887</b>
9. AGE (last birthday) <b>74</b>		IF UNDER 1 YEAR Months <b>2</b> Yrs <b>9</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>New Madrid, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>John Sanders</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Henry</b>		14. NAME OF HUSBAND OR WIFE <b>G. M. Langley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>John Long (SON) Sikeston, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac failure and pneumonitis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>18 hrs</b>
DUE TO (b) <b>Hypertensive cardiovascular disease</b>			<b>Unknown</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) <b>Pulmonary emphasema</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <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 <b>4-10-61</b> to <b>4-19-61</b> and last saw her alive on <b>4-18-61</b> Death occurred at <b>2:15 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>John D. Sargent, M.D.</b>		22b. ADDRESS <b>707 Tanner St. Sikeston, Mo.</b>	22c. DATE SIGNED <b>4-25-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-19-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Portageville Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Portageville Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>Nunnelee Funeral Chapel, Sikeston, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-29-61</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>

**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 Edward E. Munnick

Licensed Embalmer No. 4164

P. O. Address Sibley, 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.