

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024814

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 719

FILED AUG 7 1961

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 45 years	c. CITY OR TOWN Springfield, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Burge Protestant Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2202 Langston Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last LESTER WAYNE LANGSTON			4. DATE OF DEATH Month Day Year July 29, 1961		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH December 23, 1910	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months 7 Days 6	IF UNDER 24 HR Hours 8 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realtor	10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (City and state or country) Neck City, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME I. A. Langston	13b. MOTHER'S MAIDEN NAME Ida Olive Sargent	14. NAME OF HUSBAND OR WIFE Norma Langston
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Norma Langston Springfield, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Likely Coronary Occlusion	few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Likely Coronary Artery sclerosis	Unknown
	DUE TO (c) Complained of chest pain	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) UNATTENDED BY A PHYSICIAN		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 10 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Gene R. Reed, M.D. (Degree or title)	22b. ADDRESS Gene Co. Health Office Springfield, Mo	22c. DATE SIGNED 7-31-61 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE August 1, 1961	23c. NAME OF CEMETERY OR CREMATORY White Chapel LOCATION (City, town, or county) Springfield, Missouri
24. FUNERAL DIRECTOR Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri ADDRESS	25. DATE RECD. BY LOCAL REG. 8-3-61	26. REGISTRAR'S SIGNATURE Effie S. Meeten

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

AUG 17 1961

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 Lewis D. Schreff

Licensed Embalmer No. 3882

P. O. Address Springfield

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.