

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036322

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 106

STATE FILE NUMBER

AMENDED

Registration District No. 75
FILED NOV 1 1961

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clinton	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Cameron		Length of stay in 1b 31 yrs.	c. CITY OR TOWN Cameron Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 843 W. Prospect		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 843 W. Prospect Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) THOMAS HARBEN LANGFORD			4. DATE OF DEATH Month Oct. Day 19, Year 1961		
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5. SEX Male	6. COLOR OR RACE Cauc.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-11-1887	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Feed&Grain	11. BIRTHPLACE (City and state or country) Daviess Co. Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Albert Langford	13b. MOTHER'S MAIDEN NAME Sarah E. Edwards	14. NAME OF HUSBAND OR WIFE Never Married
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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) yes WW# 1	16. SOCIAL SECURITY NO.	17. INFORMANT Address Evelyn MacGregor, Cincinnati, Ohio
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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: IMMEDIATE CAUSE (a) Self Inflicted Gun Shot INTERVAL BETWEEN ONSET AND DEATH Instantly	
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)	
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 checked="" 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.) Discharged Shotgun into Abdominal Cavity
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20c. TIME OF INJURY Hour 11:00 a.m. Month, Day, Year Oct. 19, 1961	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At home	20f. CITY, TOWN, OR LOCATION Cameron	COUNTY Clinton	STATE Mo.
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James W. Dandera Clinton Co. Coroner	22b. ADDRESS Cameron, Mo.	22c. DATE SIGNED 10-20-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 23, 1961	23c. NAME OF CEMETERY OR CREMATORY Masonic	23d. LOCATION (City, town, or county) Jamesport, Mo.	(State)
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24. FUNERAL DIRECTOR Poland Funeral Home, Cameron, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. Oct 22-1961	26. REGISTRAR'S SIGNATURE Francis D Crawford
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DATE AMENDED

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

ITEM NO. SHOULD READ

NOV 2 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

Robert F. Poland

Licensed Embalmer No. _____

4777

P. O. Address _____

*222 West 32 St
Cannon 7th*

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.