MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017717
STATE FILE NUMBER

Registration District No. 338 Primary Registration District No. 4506 Registrar's No. 13

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1030
2 1030
3
4 0
5 2
6
7 1
8 0
9 199.2
10
11
12 90-2
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FILED MAY 11 1962

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Essex
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY OR TOWN Essex
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Randall Middle Greenfield Last Langley

4. DATE OF DEATH Month April Day 22, Year 1962

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 5-19-1870
9. AGE (last birthday) 91
IF UNDER 1 YEAR Months 7 Days 9
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Eli Nellsohville, Ky.
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Dewitt Clinton Langley
13b. MOTHER'S MAIDEN NAME Ellen Frances Thurston
14. NAME OF HUSBAND OR WIFE Sarah Jane Langley (Dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address

MEDICAL CERTIFICATION

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)	Medullary failure	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Metastatic carcinoma	3 months
DUE TO (c)	Gastro-enteritis	

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 April 6, 1962, to April 22, 1962 and last saw him alive on April 22, 1962
Death occurred at 8:30 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Benjamin O. Sewell (Degree or Title) D. O.
22b. ADDRESS Dexter, Missouri
22c. DATE SIGNED 4-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-24-62
23c. NAME OF CEMETERY OR CREMATORY Essex
23d. LOCATION (City, town, or county) (State) Essex, Missouri

24. FUNERAL DIRECTOR Rainey Funeral Home, ADDRESS Dexter, Mo.
25. DATE RECD. BY LOCAL REG. 5-7-62
26. REGISTRAR'S SIGNATURE David S. Leggett

(Licensed Embalmer's Statement on Reverse Side)

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 Lucille Rainey

Licensed Embalmer No. 4983

P. O. Address Dexter, 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.