

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

7115

State File No.

FILED FEB 25 1957

BIRTH NO.		REG. DIST. NO. <u>312</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>336</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chesterfield</u>		c. LENGTH OF STAY (In this place) <u>7 yrs</u>		c. CITY OR TOWN <u>Chesterfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Old Olive St. Rd.</u>				e. STREET ADDRESS (If rural, give location) <u>R. 2 Box 18</u>			
3. NAME OF DECEASED (Type or Print) <u>Dale</u>		a. (First) <u>Moore</u>		b. (Middle) <u>Langtry</u>		c. (Last) <u>Langtry</u>	
4. DATE OF DEATH <u>Feb 3 1957</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>April 28 1873</u>		9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR <u>9</u> MONTHS <u>5</u> DAYS <u>5</u> HOURS <u>1</u> MIN.		11. BIRTHPLACE (City and State or Foreign Country) <u>St Charles Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Adolphus S. Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Hubbard</u>		14. NAME OF HUSBAND OR WIFE <u>Halton M. Langtry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>709</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H.A. Langtry</u> ADDRESS <u>R 2 Box 18</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arteriosclerosis of the</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Jan 19 57</u> to <u>Feb 3 1957</u> , that I last saw the deceased alive on <u>Feb 3 1957</u> , and that death occurred at <u>8:42 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Sam F. Beam MD</u>				23b. ADDRESS <u>35 No. Central St.</u>		23c. DATE SIGNED <u>2/4/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/6/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hiram</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Country, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-5-57</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Dumble MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Boop, Inc.</u> ADDRESS <u>Kirkwood, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No. 451

P. O. Address Woodward

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.