

CERTIFICATE OF DEATH

DO NOT WRITE ON THIS STUD

VS 300 **FILED** Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 229
Rev. 11/72

7b-c. 0450
7d. 10076
8. 29
14a. 29
14b. 187
14c-d. 11351
14e. 030
23. 0027580
26a. 2
18-U. 4109
18-S.1.
18-S.2.
20a-f.
20g-St.
20g-Co.
20g-Cy.

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

DECEASED—NAME 1. John Scott Langley			SEX 2. M.	DATE OF DEATH (MONTH, DAY, YEAR) 3. Apr. 23, 1973
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 78	UNDER 1 YEAR 5b. 78	UNDER 1 DAY 5c. 78	DATE OF BIRTH (MONTH, DAY, YEAR) 6. Mar, 29, 1895
CITY, TOWN, OR LOCATION OF DEATH 7b. Bonne Terre.		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes.	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Bonne Terre Hospital.	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri		CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married.	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Hazel Golden Langley.
SOCIAL SECURITY NUMBER 12. 493-05-0061		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Lead Miner		KIND OF BUSINESS OR INDUSTRY 13b. None.
RESIDENCE—STATE 14a. Mo.	COUNTY 14b. St. Fran.	CITY, TOWN, OR LOCATION, ZIP CODE 14c. Desloge, 63601	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes	TOWNSHIP 14e. Perry
FATHER—NAME 15. James Langley			MOTHER—MAIDEN NAME 16. Troctor Harriett Belle Langley	
INFORMANT—NAME 17a. Mrs Hazel Langley			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 1201 Chestnut St Desloge, Mo. 63601	
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) Coemaney thrombosis DUE TO, OR AS A CONSEQUENCE OF: CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH immediate
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) None				AUTOPSY (YES/NO) No
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.	
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LNK	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 4/23/73	TO 21b. 4/23/73	AND LAST SAW HIM/HER ALIVE ON 21c. approx 10:00 PM	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. Did	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 1:00 PM
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.				
CERTIFIER—NAME (TYPE OF PRIC) 22b. Stanley L. Hardy MD	MO. LICENSE NO. 22c. 21580	SIGNATURE 22d. Stanley L. Hardy MD	DATE SIGNED (MONTH, DAY, YEAR) 22e. 4/30/73	
MAILING ADDRESS—CERTIFIER 23a. 10th N. Main Desloge, Mo 63601				
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. St Francois Mem. Park Cem		
DATE (MONTH, DAY, YEAR) 24c. 4-25-1973		LOCATION 24d. Bonne Terre Route 1 Mo.		
FUNERAL HOME—NAME AND ADDRESS 25a. Caldwell & Sons 711 East Main St Flat River, Mo.				
FUNERAL DIRECTOR—SIGNATURE 25b. Dale Caldwell		REG. NO. 25c. 485	REGISTRAR—SIGNATURE 25d. M.D. Day	DATE RECEIVED BY LOCAL REGISTRAR 25e. May 2, 1973

Type or print in PERMANENT BLACK INK. See handbook for instructions.

MAY 10 1973

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 Donald Dale Caldwell

Licensed Embalmer No. 5095

P.O. Address Flat River, 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.