

## STANDARD CERTIFICATE OF DEATH

18401

State File No. 070334BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City, Mo</u>	
c. LENGTH OF STAY (in this place) <u>3 Days</u>		d. STREET ADDRESS (If rural, give location) <u>806 W 2nd St. 0492</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Frank H.</u> b. (Middle) <u>Langlade</u> c. (Last) <u>Langlade</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1953</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 15 1874</u>	9. AGE (In years last birthday) <u>78</u>	10 UNDER 1 YEAR Months _____ Days _____	11 UNDER 1 HRL. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mining Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Baxter Springs, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mar C. Langlade</u>
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Holly Langlade</u> ADDRESS <u>Webb City, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of esophagus</u>		ANTECEDENT CAUSES DUE TO (b) <u>Cancer of stomach</u>		18 mos. 4
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary anemia.</u>		DUE TO (c) _____		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. INCIDENT SOURCE 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) <u>151X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 5-3-53, 1953, to 5-5, 1953, that I last saw the deceased alive on 5-5, 1953, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. J. Langlade</u> (Degree or title) <u>MD.</u>	23b. ADDRESS <u>Webb City, Missouri</u>	23c. DATE SIGNED <u>5-9-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/18/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Webb City, Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-12-53</u>	REGISTRAR'S SIGNATURE <u>Ed S. James</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurston Bruce Simpson</u> ADDRESS <u>Webb City, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side) Webb City, Mo

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

95

FILED MAY 20 1953



The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 18401

State of Missouri

County of Jasper

ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 237

On this 14 day of July, 1953, before me appears

Mrs. Mae C. Danglade

her oath, states that the original record of death

for Frank H. Danglade died May 5, 1953, in the State of

Missouri, and which was filed at Webb City Mo. on May 7, 1953, should be corrected as follows:

Item No. 14 should read Mrs. Mae C. Danglade

Instead of Mrs Dolly Danglade

Item No. 17 should read Mrs. Mae C. Danglade

Instead of Mrs. Dolly Danglade

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Mae C. Danglade

Wife Relationship.

806 W. Second St.

Webb City Mo. Present Address.

Subscribed and sworn to before me this 14 day of July, 1953.

My Commission expires August 27 1955

Harvey E. Amice

Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Swf - 18401