

FILED JAN 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2096

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 11

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY Phelps  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE Missouri b. COUNTY St. Louis |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla | c. LENGTH OF STAY (in this place) 1 Yr. 4 Mo. | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 4000                                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home                     |   | d. STREET ADDRESS (If rural, give location) Manchester Nursing Home   |  |

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) Jacob b. (Middle) Ph. c. (Last) Langendorf |  |  | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 17, 1951 |  |  |
|--|--|--|---|--|--|

|          |                    |   |                                 |  |                                    |                        |                        |                       |
|----------|--------------------|---|---------------------------------|--|------------------------------------|------------------------|------------------------|-----------------------|
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Sept. 23, 1868 |  | 9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|----------|--------------------|---|---------------------------------|--|------------------------------------|------------------------|------------------------|-----------------------|

|   |  |   |  |  |  |                                  |  |
|---|--|---|--|--|--|----------------------------------|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer |  | 10b. KIND OF BUSINESS OR INDUSTRY ----- |  | 11. BIRTHPLACE (State or foreign country) Illinois |  | 12. CITIZEN OF WHAT COUNTRY? USA |  |
|---|--|---|--|--|--|----------------------------------|--|

|                                       |  |                                       |  |                                  |  |  |  |
|---------------------------------------|--|---------------------------------------|--|----------------------------------|--|--|--|
| 13a. FATHER'S NAME Phillip Langendorf |  | 13b. MOTHER'S MAIDEN NAME Barbara Ley |  | 14. NAME OF HUSBAND OR WIFE None |  |  |  |
|---------------------------------------|--|---------------------------------------|--|----------------------------------|--|--|--|

|  |  |                              |  |  |  |  |  |
|--|--|------------------------------|--|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown |  | 16. SOCIAL SECURITY NO. Unk. |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nursing Home Records, Rolla, Mo. |  |  |  |
|--|--|------------------------------|--|--|--|--|--|

|   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary Congestion<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Myocardial Degeneration<br>DUE TO (c) Secondary to Coronary sclerosis<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH 1 week<br>Unknown<br>4201 |  |
|---|--|--|--|--|--|--|--|--|--|

|                        |  |                                  |  |  |  |  |  |
|------------------------|--|----------------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
|------------------------|--|----------------------------------|--|--|--|--|--|

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 21a. ACCIDENT * (Specify) SUICIDE HOMICIDE |  | 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) m. |  |  |  | 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 17 Jan, 1951, to 16 Jan, 1951, that I last saw the deceased alive on 17 Jan, 1951, and that death occurred at 5:35a m., from the causes and on the date stated above.

|   |  |                        |  |                            |  |
|---|--|------------------------|--|----------------------------|--|
| 23a. SIGNATURE Guy V. Eversitt M.D. (Degree or title) |  | 23b. ADDRESS Rolla, Mo |  | 23c. DATE SIGNED 17 Jan 51 |  |
|---|--|------------------------|--|----------------------------|--|

|  |  |                        |   |  |  |  |
|--|--|------------------------|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial |  | 24b. DATE Jan. 18 1951 | 24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery |  | 24d. LOCATION (City, town, or county) (State) Rolla, Phelps Co., Mo. |  |
|--|--|------------------------|---|--|--|--|

|                                  |   |  |  |  |  |
|----------------------------------|---|--|--|--|--|
| DATE REC'D BY LOCAL REG. 1-17-51 | REGISTRAR'S SIGNATURE Nadine L. Stoll 380 |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul E. Null Rolla, Mo. |  |  |
|----------------------------------|---|--|--|--|--|

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

812  
4

FEB 3 1951

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed 1/24/51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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 this body is not embalmed, fact should be so stated above.