S. No. 300
. 10.48

FILED OCT 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32533

BIRTH NO. _____ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 5879 Registrar's No. 10

07760
1

1. PLACE OF DEATH
a. COUNTY: Osage
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Benton Township
c. LENGTH OF STAY (in this place): 50 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Osage
c. CITY OR TOWN:
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Chamois, Mo., RFD 07760 0

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle):
c. (Last): Langendoerfer

4. DATE OF DEATH (Month) (Day) (Year): Oct 7. 1953

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 10, 1876

9. AGE (In years last birthday): 77 | If under 1 year: Months 7 Days 17 | If under 1 hr.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher Ret.

10b. KIND OF BUSINESS OR INDUSTRY: Public School

11. BIRTHPLACE (City and State or Foreign Country): Deer Creek, Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Dennis Glavin

13b. MOTHER'S MAIDEN NAME: Elizabeth Broder

14. NAME OF HUSBAND OR WIFE: Floyd Langendoerfer

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'S SIGNATURE OR NAME: Mrs. Hilda Daughtery
ADDRESS: Chamois, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of right Jaw + Metastatic Carcinoma of Brain — | INTERVAL BETWEEN ONSET AND DEATH: 3 to 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 196 X

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 25, 1953, *to* Oct. 7, 1953, *that I last saw the deceased alive on* Oct. 7, 1953, *and that death occurred at* 8:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. B. Farnsworth (Degree or title) D.O.

23b. ADDRESS: Chamois Mo.

23c. DATE SIGNED: 10-7-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/10/1953

24c. NAME OF CEMETERY OR CREMATORY: Chamois Catholic

24d. LOCATION (City, town, or county) (State): Chamois, Mo.

DATE REC'D BY LOCAL REG.: 10-10-1953

REGISTRAR'S SIGNATURE: Anna Moran 448

25. FUNERAL DIRECTOR'S SIGNATURE: Morton Funeral Home
ADDRESS: Linn, Mo.

(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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Vernon M. Morton

Licensed Embalmer No. 412

P. O. Address Linn M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.