

JR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS JUL 11 1960

=60-022688  
 STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 5303 Registrar's No. 245

1. PLACE OF DEATH a. COUNTY <u>Cole</u> <i>Jefferson Prop.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWN only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	
Length of stay in 1b <u>50 years</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route # 1 (Scruggs Station)</u>		d. STREET ADDRESS (If outside, give location) <u>Route # 1</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>GIDEON</u> Middle <u>OATHNEAL</u> Last <u>LANGENDOERFER</u>			4. DATE OF DEATH Month <u>July</u> Day <u>6th</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/13/1899</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>    </u> Days <u>    </u> Hours <u>    </u> Min. <u>    </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and state or country) <u>St. Aubert, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Wiley J. Langendoerfer</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Holstein</u>	
14. NAME OF HUSBAND OR WIFE <u>Ethel Brandenburg</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW # 1</u>		16. SOCIAL SECURITY NO. <u>490-09-4871</u>	
17. INFORMANT <u>Mrs Ethel B. Langendoerfer</u>		Address <u>Route # 1</u>		City, State <u>Jeff City, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed skull + chest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Man struck by Mo. Pacific Railroad train</u>	
20c. TIME OF INJURY <u>9:30 P.M. 7/6/60</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Railroad Tracks - Scruggs Station - Cole - Mo.</u>		
20e. CITY, TOWN, OR LOCATION <u>Scruggs Station - Cole - Mo.</u>		20f. COUNTY <u>Cole</u>	
20g. STATE <u>Mo.</u>		21. I attended the deceased from _____, to _____, and last saw him alive on _____.	
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>Alfred H. ... - Coroner Cole County</u>		22b. ADDRESS <u>Jefferson City, Mo. 1436 Greenberry Road</u>		22c. DATE SIGNED <u>7/7/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 11 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>	
24. FUNERAL DIRECTOR <u>Tanner Service, Jefferson City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-7-1960</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Norris, MD - Richter, Jp</u>	

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

JUL 12 1960

JUL 12 1960

JUL 27 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student: \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald R. Gilman

Licensed Embalmer No. 4623

P. O. Address \_\_\_\_\_

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.