

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023967

STATE FILE NUMBER

Registration District No. 256 Primary Registration District No. 5879 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chamois Benton Twp		c. CITY OR TOWN Chamois	
Length of stay in lb life		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at her home		d. STREET ADDRESS (If outside, give location) RFD	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Carrie Middle H Last Langendoerfer			4. DATE OF DEATH Month June Day 18 Year 1960
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/11/1872
9. AGE (last birthday) 87		IF UNDER 1 YEAR IF UNDER 24 HR 10 hrs 7 days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY home-maker	
11. BIRTHPLACE (City and state or country) St Aubert Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Augustas Holsteins		13b. MOTHER'S MAIDEN NAME Ann South	
14. NAME OF HUSBAND OR WIFE Wiley Langendoerfer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 499-10-2267	
17. INFORMANT Ruth Kangendoerfer		Address Chamois Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 107 2 minutes
DUE TO (b) Generalized Arteriosclerosis + Hypertension 20 years.			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus, Cardiovascular disease			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from at death to _____ and last saw her alive on Sept. 15 1958 Death occurred at 9:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) F. B. Farnsworth, D.O.		22b. ADDRESS Chamois Mo.	22c. DATE SIGNED 6-20-60.
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6/21/60	23c. NAME OF CEMETERY OR CREMATORY South Cemetery	23d. LOCATION (City, town, or county) (State) Chamois Mo RFD
24. FUNERAL DIRECTOR Clyde Morton	ADDRESS Linn Mo	25. DATE RECD. BY LOCAL REG. 6/20/60	26. REGISTRAR'S SIGNATURE Josephine Schieder

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 23 1980

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 Vernon M. Moore

Licensed Embalmer No. 412

P. O. Address Linn

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