

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-042090

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 82 Primary Registration District No. 5309 Registrar's No. 136

FILED NOV 19 1962

VS 300
Rev. 4/59

10270

29310

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Cooper		b. CITY (If outside corporate limits, give TOWNSHIP only) Boonville Twp.		a. STATE New York		b. COUNTY Flushing	
b. CITY (If outside corporate limits, give TOWNSHIP only) Boonville Twp.		Length of stay in lb Short time		c. CITY OR TOWN Flushing		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION En route to St. Joseph Hospital				d. STREET ADDRESS 31-90 140th Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Donald F. Langer				4. DATE OF DEATH November 12, 1962			
5. SEX M		6. COLOR OR RACE W		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/14/1938	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY U.S. Army		9. AGE (last birthday) 24		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Herman Langer				13b. MOTHER'S MAIDEN NAME Helen Richman		14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes				17. INFORMANT 3 Lt. Col. Vernon E. Davis, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Brain injury & skull fracture						70 min	
DUE TO (b) Violence							
DUE TO (c) Auto wreck							
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 checked="" type="checkbox"/> NO <input 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.) Injured in auto wreck			
20c. TIME OF INJURY 7:15 p.m.		Month, Day, Year 11 12 62					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Balance Hwy 70 6 mi west Boonville by Cooper, Mo.		20f. CITY, TOWN, OR LOCATION Boonville Mo		COUNTY Cooper	
21. I attended the deceased from about 4:45 and last saw her Dead in arrival				Death occurred at about 4:45 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. DeKraeger				22b. ADDRESS Boonville Mo		22c. DATE SIGNED 11/13/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 12, 62		23c. NAME OF CEMETERY OR CREMATORY Flushing N.Y.		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Goodman & Boller, Boonville, Mo.				25. DATE RECD. BY LOCAL REG. 11/13/62		26. REGISTRAR'S SIGNATURE DeHooper	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

NOV 26 1962

NOV 26 1962

NOV 26 1962

NOV 26 1962

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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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knob Noster, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

NOV 26 1962

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