

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41115

Registration District No. 291

Primary Registration District No. 4-33

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Putnam  
(b) City or town Livonia Unionville Grant  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Monroe Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Three Days  
(Specify whether years, months or days) Three Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam  
(c) City or town Livonia  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Robert Orvil Landtiser

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced ###D

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 19 1948  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Livonia Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Leo F. Landtiser

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Erika Streit

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Landtiser

(b) Address Livonia Mo.

17. (a) Burial (b) Date thereof 12-23-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St John Cem.

18. (a) Signature of funeral director Thistedson

(b) Address Unionville Mo

19. (a) 12-31-48 (b) Marvella Dushon  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 22<sup>nd</sup>  
year 48 hour 3:30 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Dec 19  
to Dec 22, 1948  
that I last saw him live on Dec 22, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Remarriage from lung 3 day  
Due to \_\_\_\_\_

Due to Born with 7 weeks  
prematurely - probably  
due to mal-development

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 161c

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(d) Means of injury \_\_\_\_\_

23. Signature Chas L. Spalding (M. D. or other) \_\_\_\_\_

Address Unionville Mo Date signed 12-22-48

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

6  
10

RECEIVED

District Health Officer No. 10

District File Number 1-49-79

Date Filed JAN 13 1949

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*F.O. Hunted*

Licensed Embalmer No.

2975

P. O. Address

*Unionville 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.