

No. 300
10.48

FILED SEP 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29723

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BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonville Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Franklin	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alex. Van Ravello Hospital		d. STREET ADDRESS (If rural, give location) No. Howard St.	

3. NAME OF DECEASED (Type or Print) Martha Agnes Landrum			4. DATE OF DEATH (Month) (Day) (Year) Sept 13-1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 29-1903		9. AGE (In years last birthday) 46
10a. USUAL OCCUPATION (Give kind of work and during most of working life, even if retired) deceased		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTH PLACE (State or foreign country) Randolph Co. Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Thomas Manning		13b. MOTHER'S MAIDEN NAME Alma MacSmith		14. NAME OF HUSBAND OR WIFE Art Landrum	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. J. L. Manion ADDRESS 4535 Allen St. Bonville 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of L. lung		INTERVAL BETWEEN ONSET AND DEATH 170X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of R. breast		
	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 Adenocarcinoma of breast	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Jan 1949, to Sept 13, 1949, that I last saw the deceased alive on Sept 13, 1949, and that death occurred at 39 m., from the causes and on the date stated above.

23a. SIGNATURE Alexia Ravenomy (Degree or title)	23b. ADDRESS Bonville Mo.	23c. DATE SIGNED Sept 16 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 15/49	24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Center	24d. LOCATION (City, town, or county) (State) New Franklin Mo
DATE REC'D BY LOCAL REG Sept. 16-49	REGISTRAR'S SIGNATURE Dr. Cooper 381	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.D. Newland New Franklin Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 19

District Health Officer No. 9

District File Number.....

Date Filed 9-27-49

OCT 6 1953

SEP 28 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.....

Student Embalmer No.

working under my personal supervision.

Signed N. L. Hall

Signed.....
Student Embalmer

Licensed Embalmer No. 3515

P. O. Address New Franken

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.