

THE DIVISION OF HEALTH OF MISSOURI  
 FILED JAN 30 1950 STANDARD CERTIFICATE OF DEATH

State File No. 1924

BIRTH NO. 21974-49 REG. DIST. NO. 265 PRIMARY REG. DIST. NO. 5889 Registrar's No. 2

0770

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

1. PLACE OF DEATH a. COUNTY <u>Ozark Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Isabella Rural Jasper</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Isabella - Ozark Co. Jasper</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Isabella - Mo. Jasper Twp.</u>	
d. STREET ADDRESS (If rural, give location) <u>Rural - Jasper Twp.</u>		d. STREET ADDRESS	
3. NAME OF DECEASED a. (First) <u>EARL</u>		b. (Middle) <u>EUGENE LANDSDOWN</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 16 - 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>12-9-1949</u>
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <u>Ozark Co - Jasper Twp.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Bill Landsdown</u>		13b. MOTHER'S MAIDEN NAME <u>Biddy Snyder</u>	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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Hampton</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Inadequate care</u>	
		DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>491X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. J. Hoerman M.D. Coroner</u>		23b. ADDRESS <u>Gainesville, Mo</u>	
23c. DATE SIGNED <u>1-16-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-17-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Isabella Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Isabella Mo - Ozark Co.</u>	
DATE REC'D BY LOCAL REG. <u>1-23-50</u>		REGISTRAR'S SIGNATURE <u>Mae Johnson</u>	
24e. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. W. Beard</u>		24f. ADDRESS <u>Funeral Home Mo</u>	

RECEIVED JAN 24 1950  
District Health Office No. 6,  
District File Number 150-129  
Date Filed 1-28-50

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 mat.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Chas. C. Roof.....

Licensed Embalmer No. 3044.....

P. O. Address Leominster, Mass......

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.