

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3941

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY: <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gallatin</u> <u>0310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Methodist Hospital</u> <u>Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martin</u> b. (Middle) <u>Luther</u> c. (Last) <u>Landis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3, 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>Oct. 6, 1853</u>
9. AGE (In years last birthday) <u>96</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Stockman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self - Retire</u>	11. BIRTHPLACE (State or foreign country) <u>Daviess County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Levi Landes</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Wiles</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>	
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>Clem Tingler-Jameson, Missouri</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>Fracture of femur (r.)</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>E 9030</u> <u>21</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Senility</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>2/3/50</u>	19b. MAJOR FINDINGS OF OPERATION <u>no organ reduction was performed, only reduction of fracture + application of cast</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>sidewalk</u>	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) <u>031</u> (STATE) <u>Gallatin, Daviess, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 2, 1950 3 P.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>as he was stepping from step onto sidewalk + he fell to sidewalk</u>	
22. I hereby certify that I attended the deceased from <u>2/2</u> 19 <u>50</u> , to <u>2/3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2/3</u> , 19 <u>50</u> , and that death occurred at <u>10:00 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>G. D. Bloomer M.D.</u> (Degree or title)		23b. ADDRESS <u>1218 N. 32nd St. St. Joseph, Mo.</u>	23c. DATE SIGNED <u>2-4-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-4-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove # 2</u>	24d. LOCATION (City, town, or county) (State) <u>Jameson, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Feb. 14, 1950</u>	REGISTRAR'S SIGNATURE <u>L. C. Jenkins</u>	38	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stamey Funeral Home</u> ADDRESS <u>Stamey Funeral Home - St. Joseph, Mo.</u>

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

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 Charles M. Harman

Signed _____
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.