

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7518**
Registrar's No. **53**

FILED APR 3 1950

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>53</u>		
1. PLACE OF DEATH a. COUNTY <u>Andrew County Mo.</u> b. CITY OR TOWN <u>Mexico Mo.</u> c. LENGTH OF STAY (in this place) <u>2 Mo.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Andrew County Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ANDREW</u> c. CITY OR TOWN <u>802 E. PROMENADE</u> d. STREET ADDRESS <u>MEXICO, MO.</u>				
3. NAME OF DECEASED a. (First) <u>Lela</u> b. (Middle) <u>H.</u> c. (Last) <u>Van Landingham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 19, 1950</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Sept. 26, 1893</u>		
9. AGE (in years last birthday) <u>56 yr</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>ANDRAIN CO., MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>George W Miller</u>			13b. MOTHER'S MAIDEN NAME <u>EMALINE SPENCER</u>		14. NAME OF HUSBAND OR WIFE <u>Roy Van Landingham</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>486-14-1183</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VELMA PETERS, Mexico, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Degenerative Myocarditis with acute coronary arteriosclerosis</u> ANTECEDENT CAUSES <u>Hypertensive Arterio Sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Aug 17 1949</u> <u>?</u> <u>443X</u>	
19a. DATE OF OPERATION <u>none.</u>		19b. MAJOR FINDINGS OF OPERATION <u>none.</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none.</u>		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> OUTSIDE WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>				
22. I hereby certify that I attended the deceased from <u>Jan 19</u> , 19 <u>50</u> , to <u>Jan 19</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan 19</u> , 19 <u>50</u> , and that death occurred at <u>9:30</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Harry J. Obermer D. M.D.</u> (Degree or title)				23b. ADDRESS <u>Meriden, Missouri.</u>		23c. DATE SIGNED <u>3-15-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 22 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ANTIOCH CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>MONROE CO., MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>Mar 20 1950</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Speed & Blakey, PARIS, MO.</u>				

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

JAN 17 1951

RECEIVED
MAR 28 1950
District Health Officer No. 10
District File Number 3-20-209
Date Filed MAR 28 1950

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *W. B. Blakey*.....

Licensed Embalmer No. *2614*.....

P. O. Address *PARIS, 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.