V.S. No. 300
Rev. 10.48

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23027

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 5224 Registrar's No. 114

0190
1

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

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Grandriver
c. LENGTH OF STAY (in this place) 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home R.R. #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Grandriver. 0190 0
d. STREET ADDRESS (If rural, give location) 7 Mi. S.W. of Harrisonville

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Fred c. (Last) Landingham.
4. DATE OF DEATH (Month) (Day) (Year) July 24-1950

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 17. 1866
9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months 7 Days 7 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer. retired 2 yrs.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Jonesville Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andrew J Landingham
13b. MOTHER'S MAIDEN NAME Margaret Collup.
14. NAME OF HUSBAND OR WIFE Mary E Phillips.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Robert Landingham ADDRESS K.C. 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 Week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4200

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1947, *to* July 24, 1950, *that I last saw the deceased alive on* July 23, 1950, *and that death occurred at* 5 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. J. Barry MDO
23b. ADDRESS Harrisonville Mo
23c. DATE SIGNED July 25 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 26-1950
24c. NAME OF CEMETERY OR CREMATORY Oakland Cem
24d. LOCATION (City, town, or county) Harrisonville (State) Mo

DATE REC'D BY LOCAL REG. July 25-1950
REGISTRAR'S SIGNATURE Laura J. Jones 51
25. FUNERAL DIRECTOR'S SIGNATURE Cunningham Bros. ADDRESS Harrisonville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 29 1950
CASS COUNTY
HEALTH DEPARTMENT

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.

Student .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3920

P. O. Address Hallsville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. [illegible] with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.