

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16371

|   |                           |  |   |  |  |  |   |  |
|---|---------------------------|--|---|--|--|--|---|--|
| BIRTH NO. _____   |                           | REG. DIST. NO. <u>142</u>  |   | PRIMARY REG. DIST. NO. <u>4721</u>   |  | Registrar's No. <u>26</u>  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Howell</u>  |                           |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u> |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain View, Mo</u>   |                           | c. LENGTH OF STAY (In this place)  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain View, Mo</u>                                      |  | d. STREET ADDRESS (If rural, give location) <u>8</u>                     |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>   |                           |  |   |  |  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Marquis</u> b. (Middle) <u>L</u> c. (Last) <u>Landrum</u>  |                           |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 30th 1951</u>  |  |  |  |   |  |
| 5. SEX <u>M</u>   | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  | 8. DATE OF BIRTH <u>April 1-1867</u>                        |  | 9. AGE (In years last birthday) <u>84</u>                              | IF UNDER 1 YEAR Months _____ Days _____                                  | IF UNDER 2 HRS. Hours _____ Min. _____                              |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banking</u>  |                           | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (State or foreign country) <u>Tenn</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                                  |   |  |
| 13a. FATHER'S NAME <u>Richmond Landrum</u>  |                           | 13b. MOTHER'S MAIDEN NAME <u>Marinda F. Harrison</u>   |   | 14. NAME OF HUSBAND OR WIFE <u>Pennie May Landrum</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>No</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy Landrum Mtn View, Mo</u>  |  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                                    |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General carcinomatous</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>primary - liver</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 1/2 yrs</u><br><u>157A</u> |  |
| 19a. DATE OF OPERATION  |                           | 19b. MAJOR FINDINGS OF OPERATION   |   |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) (Min)   |                           | 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 <u>Nov</u> , 19 <u>51</u> , to <u>May 20, 1951</u> , that I last saw the deceased alive on <u>May 30, 1951</u> , and that death occurred at <u>10:00</u> m., from the causes and on the date stated above. |                           |  |   |  |  |  |   |  |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>   |                           |  |   | 23b. ADDRESS <u>Mountain View, Mo</u>  |  | 23c. DATE SIGNED <u>6-1-51</u>   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |                           | 24b. DATE <u>June 3-51</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Mtn View Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State) <u>Mountain View, Mo</u> |  |   |  |
| DATE REC'D BY LOCAL REG. <u>6-1-1901</u>  |                           | REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Duncan Funeral Home Mtn View, Mo</u>   |  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48460  
1

JUL 24 1951

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED JUN 4 1951

Dist. File 651-9267

Date Filed 6-5-51

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 John L. Duncan

Licensed Embalmer No. 2516

P. O. Address Monticello Md

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.