

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 2 - 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 662

1. PLACE OF DEATH
 a. COUNTY Buchanan
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
 c. LENGTH OF STAY (In this place) 3 days
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo. Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
 a. STATE Missouri b. COUNTY Buchanan
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington 0110
 d. STREET ADDRESS (If rural, give location) R.F.D. # 6, 1

3. NAME OF DECEASED (Type or Print)
 a. (First) JASPER b. (Middle) M. c. (Last) LANDERS
 4. DATE OF DEATH (Month) (Day) (Year) 6 20 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 6-27-1872 9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sta. Fireman 10b. KIND OF BUSINESS OR INDUSTRY Armour & Co. 11. BIRTHPLACE (State or foreign country) Pawnee City, Nebraska 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ebenezer Landers 13b. MOTHER'S MAIDEN NAME Elsena Vest 14. NAME OF HUSBAND OR WIFE Lillie May Landers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillie May Landers, R.F.D. # 6,

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac failure
 ANTECEDENT CAUSES Hypertrophy of Prostete
 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.

19a. DATE OF OPERATION 6/19/51 19b. MAJOR FINDINGS OF OPERATION Hypertrophy of Prostete 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in home, home, farm, factory, street, office building, etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 610 X

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 6/17/1951, to 6/20/1951, that I last saw the deceased alive on 6/19/1951, and that death occurred at 11:45 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles G. ... M.D. 23b. ADDRESS C. ... St. Joseph, Mo. 23c. DATE SIGNED 6/21/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6-23-1951 24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

DATE REC'D BY LOCAL REG. June 25, 1951 REGISTRAR'S SIGNATURE Carl C. Casst 446 FUNERAL DIRECTOR'S SIGNATURE John ... ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Albin C. Boyer*

Licensed Embalmer No. *40995*

P. O. Address *St. Joseph, 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.