

FILED JUL 16 1951

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

22543

State File No. _____
Registrar's No. 47

BIRTH NO. 6-30-57 REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4753

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

290
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1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lockwood</u>		c. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Greenfield</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>290</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lockwood Memorial Hospital</u>			
3. NAME OF DECEASED a. (First) <u>William</u>		b. (Middle) <u>Sherman</u>	
(Type or Print)		c. (Last) <u>Landreth</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u>		8. DATE OF BIRTH <u>July 13, 1872</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Thayer Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Landreth</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Francis Landreth</u>	
14. NAME OF HUSBAND OR WIFE <u>Josephine Landreth</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Josephine Landreth</u>		ADDRESS <u>Greenfield rt</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary Artery Disease</u>	
		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		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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>12-11</u> 19 <u>50</u> , to <u>6-27</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-27</u> , 19 <u>51</u> , and that death occurred at <u>5:02p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Geo. Mc Neal Jr. M.D.</u>		23b. ADDRESS <u>Greenfield</u>	
(Degree or title)		23c. DATE SIGNED <u>6-29-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-1-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield</u>		24d. LOCATION (City, town, or county) (State) <u>Greenfield Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-30-51</u>		REGISTRAR'S SIGNATURE <u>Geo. L. Lewis</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W.R. Allison</u>		ADDRESS <u>Greenfield Mo.</u>	

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

RECEIVED JUL 10 1951

Dist. File 257-1345

Date Filed 2-13-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed W. R. Allison

Licensed Embalmer No. 15494

P. O. Address Greenfield, 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.