

FILED AUG 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29218**

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **2072** Registrar's No. **128**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston	c. LENGTH OF STAY (in this place) 6 hrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural West Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Comm Hospital		d. STREET ADDRESS (If rural, give location) 4 miles S.E. of Morehouse	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Houston c. (Last) Landers	4. DATE OF DEATH (Month) (Day) (Year) August 4, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 25, 1892	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 6 Days 9	IF UNDER 24 HRS. Hours 9 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) Des Arc, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jerry Landers	13b. MOTHER'S MAIDEN NAME Ida Moore	14. NAME OF HUSBAND OR WIFE Janet Landers
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W. W. I	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. Landers, R. R. 3 Sikeston	ADDRESS Sikeston
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured base of skull		INTERVAL BETWEEN ONSET AND DEATH 6 hrs
	ANTECEDENT CAUSES Morbidity 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home - town	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) Sikeston R3 New Madrid Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 4, 1951 4P	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? accidental discharge of gun
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22. I hereby certify that I attended the deceased from **8-4**, 19**51**, to **8-4**, 19**51**, that I last saw the deceased alive on **8-4**, 19**51**, and that death occurred at **11:50 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE D. M. Jones	(Degree or title) in 5	23b. ADDRESS Morehouse, Mo.	23c. DATE SIGNED 8-6-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8-7-1951	24c. NAME OF CEMETERY OR CREMATORY Sikeston Cemetery	24d. LOCATION (City, town, or county) (State) Sikeston, Missouri
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DATE REC'D BY LOCAL REG. Aug 8-51	REGISTRAR'S SIGNATURE Mrs. Ella G. Switzer	25. FUNERAL DIRECTOR'S SIGNATURE O. Taylor	ADDRESS Sikeston, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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OCT 5 1951

RECEIVED AUG 13 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 851-17

AUG 22 1951

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.

Signed John R. Bidmon

Signed _____
Student Embalmer

Licensed Embalmer No. 4531

P. O. Address Bikeston, Me

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.