

No. 300
10.48

FILED DEC 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41338**

BIRTH NO. _____		REG. DIST. NO. 121		PRIMARY REG. DIST. NO. 5459		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE			
b. CITY OR TOWN RR#1 REPUBLIC		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN RR#1 REPUBLIC		d. STREET ADDRESS (If rural, give location) 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESIDENCE				d. STREET ADDRESS (If rural, give location) 3			
3. NAME OF DECEASED (Type or Print). a. (First) CLELLA			b. (Middle) JEAN		c. (Last) LANDERS		4. DATE OF DEATH (Month) (Day) (Year) DEC 17 1951
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH OCT 12-1949		9. AGE (In years last birthday) 5 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) NONE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) PECO, CALIFORNIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CLELL LANDERS			13b. MOTHER'S MAIDEN NAME MAXINE RAMSEY		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CLELL LANDERS' REPUBLIC, MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lymphatic leukemia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 12 7mo
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) Republic RFD. Greene Mo			
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 5-19-51 , 19 51 , to 12-17, 1951 , that I last saw the deceased alive on 11-23, 1951 , and that death occurred at 5:30pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Type or title) Libm Bersick M.D.				23b. ADDRESS Springfield Mo		23c. DATE SIGNED 12-18-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Dec 19-1951		24c. NAME OF CEMETERY OR CREMATORY CLEAR CREEK CEMETERY		24d. LOCATION (City, town, or county) (State) GREENE Co. Mo.	
DATE REC'D BY LOCAL REG. 12/20/51		REGISTRAR'S SIGNATURE Chas H. Wilcox		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jim Daniel Ash Grove, Mo.			

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

Received:

51-12-70

12-26-51

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

Doyle L. Daniel

Licensed Embalmer No. 4702

P. O. Address. Asht Grove, Pa.

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.