No. 300
10-48

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39871

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 13

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0

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

1. PLACE OF DEATH
a. COUNTY St Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Appleton City
c. LENGTH OF STAY (In this place) 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ellett Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Appleton City 0930
d. STREET ADDRESS (If rural, give location) 0 1

3. NAME OF DECEASED (Type or Print)
a. (First) RAY ~~Mond~~ b. (Middle) — c. (Last) LANDERS.

4. DATE OF DEATH (Month) (Day) (Year) Nov - 23 - 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1
8. DATE OF BIRTH Sept 19, 1894
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR Months 2 Days 9 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Appleton City Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Zed. Landers
13b. MOTHER'S MAIDEN NAME Anna Potts
14. NAME OF HUSBAND OR WIFE Sopha Renolds

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. 429-28-7345
17. INFORMANT'S SIGNATURE OR NAME Sopha Landers. ADDRESS Appleton City Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Hypertensive Cardio-vascular disease c̄ decompensation — INTERVAL BETWEEN ONSET AND DEATH 5-6 yrs

ANTECEDENT CAUSES
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
19b. MAJOR FINDINGS OF OPERATION 443X
20. AUTOPSY? YES ☐ NO ☑

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) m.
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* July, 1952, *to* Nov, 1952, *that I last saw the deceased alive on* Nov 23, 1952, *and that death occurred at* 4:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE R. A. Slickman, M.D. (Degree or title)
23b. ADDRESS Appleton City, Mo.
23c. DATE SIGNED Nov 24 '52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE NOV 25-52
24c. NAME OF CEMETERY OR CREMATORY Appleton City Cem
24d. LOCATION (City, town, or county) (State) Appleton City Mo

DATE REC'D BY LOCAL REG. Nov. 25. 1952
REGISTRAR'S SIGNATURE Mrs. Alice Abney 0
25. FUNERAL DIRECTOR'S SIGNATURE Frank Lee ADDRESS Appleton City Mo

(Licensed Embalmer's Statement on Reverse Side)

DEC 3 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~~ .....

.....

working under my personal supervision.

Student Embalmer No.....

Signed H. L. Vansant

Signed.....
Student Embalmer

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.