V.S. No. 300
Rev. 10-48

FILED JAN 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

908

State File No. 7

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. _____

0361

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

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SULLIVAN
c. LENGTH OF STAY (In this place): 69YR.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 404 Elm St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MO.
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0360
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): LANDING
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Jan 19 1953

5. SEX: M 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV. 13 1883
9. AGE (In years last birthday): 69 — If under 1 year: Months 2, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): SULLIVAN MO. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOSEPHN LANDING
13b. MOTHER'S MAIDEN NAME: NANCY BALL
14. NAME OF HUSBAND OR WIFE: SARAH ELIZEBETH TAYLOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: CARL LANDING — ADDRESS: SULLIVAN 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): Congestive failure — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerotic changes
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Bronchiectasis — many years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: 4500
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* Oct, 1952, *to* Jan 18, 1953, *that I last saw the deceased alive on* Jan 18, 1953, *and that death occurred at* 2:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. F. Andreasse Ms.
23b. ADDRESS: Sullivan Mo
23c. DATE SIGNED: 1/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: JAN. 21
24c. NAME OF CEMETERY OR CREMATORY: CAVE SPRING
24d. LOCATION (City, town, or county) (State): SULLIVAN MO.

DATE REC'D BY LOCAL REG.: 1-20-53
REGISTRAR'S SIGNATURE: C.A.PROCTOR 97
25. FUNERAL DIRECTOR'S SIGNATURE: Thos. P. Shoffer — ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

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 ME
PAUL F KNOLLENBERG, Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Paul F. Knollenberg

Licensed Embalmer No. 2631

P. O. Address SULLIVAN 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.