

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1511**
340

5. No. 300
11. 10. 48

FILED FEB 14 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 8 days		d. STREET ADDRESS (If rural, give location) 1215 Ridge	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vets. Adm. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) LYNN b. (Middle) B. c. (Last) LANDRAM			4. DATE OF DEATH (Month) (Day) (Year) January 18, 1953		
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH December 17, 1878		9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman	
11. BIRTHPLACE (City and State or Foreign Country) Salisbury, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Charles Burton Landram	
14. MOTHER'S MAIDEN NAME Della Vandiver		15. NAME OF HUSBAND OR WIFE deceased Jennie Landram		16. SOCIAL SECURITY NO. 712-01-6894	
17. INFORMANT'S SIGNATURE OR NAME Files of Vets. Administration		18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 8-31-1900 to 9-6-07		19. KIND OF BUSINESS OR INDUSTRY Railroad	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive encephalomalacia			INTERVAL BETWEEN ONSET AND DEATH 1 wk
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cerebral artery atherosclerosis and thrombosis			1 wk
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			33 1/2 hr

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) VA		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 **January 10, 1953**, to **January 18, 1953**, and that on the deceased **was pronounced dead and that death occurred at 8:05a m., from the causes and on the date stated above.**

23. SIGNATURE Richard C. Schaffer, M.D., Pathologist		23b. ADDRESS VA Hospital Kansas City, Mo.		23c. DATE SIGNED 1-19-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Jan 20, 1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary	
24d. LOCATION (City, town, or county) (State) Kansas City, Kans.		25. FUNERAL DIRECTOR'S SIGNATURE Edwin Wilson		ADDRESS 646 S. 1st St. K.C., Kan.	
DATE REC'D BY LOCAL REG. 1-20-53		REGISTRAR'S SIGNATURE Beraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

(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 _____

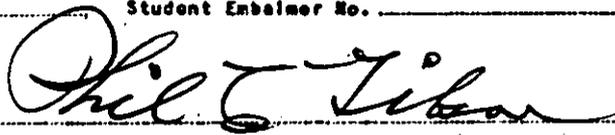
Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed



Licensed Embalmer No. 31357

P. O. Address Kansas City, 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.