

FILED JAN 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1789**

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5512 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Prairie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence <u>7005</u>	
c. LENGTH OF STAY (In this place) 4 weeks		d. STREET ADDRESS (If rural, give location) East Truman & Berry Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) H. c. (Last) Landis	4. DATE OF DEATH (Month) (Day) (Year) Jan. 20 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 29, 1883	9. AGE (In years; last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucking Business	10b. KIND OF BUSINESS OR INDUSTRY Selfemployed	11. BIRTHPLACE (City and State or Foreign Country) Albert Lee, Minn.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Abram Landis	13b. MOTHER'S MAIDEN NAME Anna Casper	14. NAME OF HUSBAND OR WIFE Alpha Landis
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. 540-12-0694	17. INFORMANT'S SIGNATURE OR NAME Hazel Vaught, E. Truman & Berry Road.	ADDRESS
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19. 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		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congestive heart failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tuberculosis pericarditis DUE TO (c) pulmonary tuberculosis		
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 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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE John C. Blumenschein, MD (Degree or title)	23b. ADDRESS Independence, Mo.	23c. DATE SIGNED 20 Jan 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 22, 1953	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. Jan 21-53	REGISTRAR'S SIGNATURE D. B. Longford	FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson	ADDRESS Carson Funeral Home, Indep. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

7000

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 Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address Indep. 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.