

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14309**
1702

FILED APR 16 1953

BIRTH NO. 15318 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 institution) a. STATE Missouri b. COUNTY Jackson	
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) Life		d. STREET ADDRESS 2845 Mercier	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) JOSEPH	a. (First)	b. (Middle)	c. (Last) LANDES	4. DATE OF DEATH (Month) 3 (Day) 25 (Year) 53
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5. SEX D Ma	6. COLOR OR RACE Wh	7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (Specify) XX	8. DATE OF BIRTH 3-25-53	9. AGE (In years: last birthday) 5 30 Months 5 Days 30
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX	10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George D. Landes	13b. MOTHER'S MAIDEN NAME Mary Volz	14. NAME OF HUSBAND OR WIFE XX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) XX	16. SOCIAL SECURITY NO. XX	17. INFORMANT'S SIGNATURE OR NAME Geo. D. Landes ADDRESS 2843 Mercier, KC Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3-4 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia		
	ANTECEDENT CAUSES DUE TO (b) atelectasis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Prematurity (due June 18)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			7625

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 3-25, 1953 to 3-25, 1953, that I last saw the deceased alive on 3-25, 1953, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE B. Sinclair, Jr. MD	23b. ADDRESS 4711 Central St.	23c. DATE SIGNED 3-25-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-30-53	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem.	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 3-27-53	REGISTRAR'S SIGNATURE Sealdin Smith	25. FUNERAL DIRECTOR'S SIGNATURE J.W. Wagner ADDRESS KC Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address K. C. 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.