

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14664**
Registrar's No. **151**

FILED APR 24 1953

BIRTH NO.		REG. DIST. NO. 146	PRIMARY REG. DIST. NO. 5370	Registrar's No. 151
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 Buckner		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buckner		
c. LENGTH OF STAY (In this place) 2 years		7000		
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Home		d. STREET ADDRESS (If rural, give location) Rural Rt 1		
3. NAME OF DECEASED (Type or Print) a. (First) Lester		b. (Middle) -----		c. (Last) Landis
4. DATE OF DEATH (Month) (Day) (Year) April 12 '53				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, single N.Y.	8. DATE OF BIRTH Nov. 14. 1893	9. AGE (In years last birthday) 59 Months 4 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic		10b. KIND OF BUSINESS OR INDUSTRY car work		11. BIRTHPLACE (City and State or Foreign Country) Chilhowee Mo.
12. CITIZEN OF WHAT COUNTRY? usa				
13a. FATHER'S NAME Charles D. Landis		13b. MOTHER'S MAIDEN NAME Maggie E. Calhoon		14. NAME OF HUSBAND OR WIFE never married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give year or dates of service) World War I		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Robert Pope ADDRESS Buckner 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) mitral Regurgitation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Influenza) DUE TO (c) X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. X		INTERVAL BETWEEN ONSET AND DEATH X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X		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) X		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 Apr 10 , 19 53 , to Apr 12 , 19 53 ; that I last saw the deceased alive on Apr 12 , 19 53 and that death occurred at 5 A m., from the causes and on the date stated above.				
23a. SIGNATURE J. W. Adair (Degree or title) MD		23b. ADDRESS Buckner Mo.		23c. DATE SIGNED April 12 - 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-14-53	24c. NAME OF CEMETERY OR CREMATORY Chilhowee Cem	
24d. LOCATION (City, town, or county) (State) Chilhowee Mo.				
DATE REC'D BY LOCAL REG. 4-14-53		REGISTRAR'S SIGNATURE J. W. Adair		25. FUNERAL DIRECTOR'S SIGNATURE Thomas M. K... Buckner ADDRESS

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

Notice:

Dr. J. W. Robertson is well in "his eighties" and his signature is now very unsteady and his hand hard to read. Still a good MD vnr.

MAY 7 1943

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. _____

P. O. Address _____

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.