

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **18652**

FILED **JUN 1-1953** REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5694 Registrar's No. 77

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

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Chillicothe Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Chillicothe Twp. 0590	
c. LENGTH OF STAY (in this place) 6 yrs		d. STREET ADDRESS (If rural, give location) 6 mi. East Chillicothe	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 mi. East Chillicothe			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Vanlandingham	
c. (Last) Vanlandingham		4. DATE OF DEATH (Month) (Day) (Year) May 21, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 25, 1886
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months	IF UNDER 6 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 Own farm	11. BIRTHPLACE (State or foreign country) Bath County, Kentucky
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Daniel B. Vanlandingham		13b. MOTHER'S MAIDEN NAME Lou Walton	
14. NAME OF HUSBAND OR WIFE Cora Vanlandingham			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. XX	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Cora Vanlandingham		ADDRESS Chillicothe	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221	
20. AUTOPSY? YES <input 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) (Min.)	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 April 12, 1952 , to May 21, 1953 , that I last saw the deceased alive on May 21, 1953 , and that death occurred at 2 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Wm. D. ...		23b. ADDRESS Chillicothe MO	
23c. DATE SIGNED 5-22-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 23, 1953	24c. NAME OF CEMETERY OR CREMATORY Wheeling cemetery	24d. LOCATION (City, town, or county) (State) Wheeling, Missouri
DATE REC'D BY LOCAL REG. 5-22-53	REGISTRAR'S SIGNATURE Frances B. Neill	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Donald Gordon - Chillicothe MO	

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 *Ronald J. G. Lane*.....

Licensed Embalmer No. 4191.....

P. O. Address *Phillipsville 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.