

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24933  
3367

State File No. ....

FILED JUL 28 1953

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

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and the township) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>15 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and the township) OR TOWN <u>Kansas City 3288</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>D.O.A. General Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>215 W. 16th St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rowin</u> b. (Middle) <u>Landon</u> c. (Last) <u>Landon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-5-53</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>4-16-1886</u>
9. AGE (In years last birthday) <u>67</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Wholesale Drug Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson Co., Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Drug Clerk</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Gilbert D. Landon</u>		13b. MOTHER'S MAIDEN NAME <u>Comarah Thornburn</u>	
14. NAME OF HUSBAND OR WIFE <u>--</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>497-26-9276</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Otto Landon</u> ADDRESS <u>Leeton, Mo.</u>	
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) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Previous History Heart Trouble</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Heart Refused</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Medical</u>	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 _____, 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 <u>Hugh H. Owens</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>1024 Pinalto Blvd</u>	23c. DATE SIGNED <u>7-6-53</u>
24a. HOSPITAL CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-6-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Warrensburg Mo.</u>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>7-6-53</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>B. C. Welton</u> ADDRESS <u>R. C. 8, Mo.</u>	

**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 \_\_\_\_\_

*B. E. Weibert*

Licensed Embalmer No. \_\_\_\_\_

*4075*

P. O. Address \_\_\_\_\_

*K.C. 8, 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.