

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

25560

State File No.

FILED AUG 13 1953

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 5689 Registrar's No. 571

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline,	
c. LENGTH OF STAY (In this place) 40 years		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Vera	b. (Middle) Belle	c. (Last) Landreth	4. DATE OF DEATH (Month) (Day) (Year) Aug. 1, 1953
-------------------------------------	-----------------	-------------------	--------------------	--

5. SEX f m /	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 30, 1887	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 8	IF UNDER 1 YEAR Days 1	IF UNDER 24 Hrs. Min.
--------------	------------------------	--	--------------------------------	------------------------------------	--------------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (City and State or Foreign Country) St. Catherine, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	---	-------------------------------------

13a. FATHER'S NAME Will Landgwell	13b. MOTHER'S MAIDEN NAME Mary Coulson	14. NAME OF HUSBAND OR WIFE Enoch Landreth
-----------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Enoch Landreth, Marceline, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS		SUDDEN
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY ATHEROSCLEROSIS		UNK.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ESSENTIAL HYPERTENSION	UNK.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 JUNE, 1952, to JULY, 1953, that I last saw the deceased alive on JULY 10, 1953, and that death occurred at 1 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. T. Berry M.D.	23b. ADDRESS Marceline, Mo.	23c. DATE SIGNED 8-1-53
---	-----------------------------	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 3, 1953	24c. NAME OF CEMETERY OR CREMATORY Mount Olive	24d. LOCATION (City, town, or county) (State) Marceline Mo.
--	------------------------	--	---

DATE REC'D BY LOCAL REG. 8-1-1953	REGISTRAR'S SIGNATURE Mary Jane Owens	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Larson Funeral Service, Bucklin, Mo. By -
-----------------------------------	---------------------------------------	--

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

10 OCT 29 1937

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. 4037

P. O. Address Bucklin, Missouri

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.