

FILED SEP 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28239

BIRTH NO.		REG. DIST. NO. 114	PRIMARY REG. DIST. NO. 1432	Registrar's No. 52	
1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE MO. b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, write RURAL and give township) RURAL MERAMEC		c. CITY (If outside corporate limits, write RURAL and give township) RURAL MERAMEC 0360			
c. LENGTH OF STAY (in this place) 25		d. STREET ADDRESS (If rural, give location) RURAL STATE HIGHWAY H 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis</i>		d. STREET ADDRESS (If rural, give location) RURAL STATE HIGHWAY H 0			
3. NAME OF DECEASED (Type or Print) a. (First) AUSTIN b. (Middle) AMBROSE c. (Last) LANDING			4. DATE OF DEATH (Month) (Day) (Year) SEP 3 1953		
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 12-26-1867	9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (State or foreign country) ST. LOUIS COUNTY MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME JOSEPH LANDING		13b. MOTHER'S MAIDEN NAME NANCY BALL		14. NAME OF HUSBAND OR WIFE SARAH ROBERTSON <i>Landing</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOSEPH LANDING SULLIVAN 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Senility ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Long time 6 to 12 months DUE TO (c) none II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			INTERVAL BETWEEN ONSET AND DEATH 6 to 12 months
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 Apr. 1953 19, to Sept 1953 19, that I last saw the deceased alive on Aug. 20 1953, and that death occurred at 12:30 a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>P. Royce Smith</i>		23b. ADDRESS Sullivan, Mo.		23c. DATE SIGNED 9-4-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-5-1953		24c. NAME OF CEMETERY OR CREMATORY cave springs cemetery	
24d. LOCATION (City, town, or county) U.S.A. MO.					
DATE REC'D BY LOCAL REG. 9-4-53		REGISTRAR'S SIGNATURE <i>Ch. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. ... Sullivan</i>	

(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 me

Student Embalmer No. ~~1234~~

working under my personal supervision.

Student
Student Embalmer

Signed Paul F. Knollenberg

Licensed Embalmer No. 2631

P. O. Address Sullivan 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.