

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15195**

FILED JUN 1 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 579 PRIMARY REG. DIST. NO. 4097 Registrar's No. 086

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johns on</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Harrisonville</b>		c. CITY OR TOWN <b>Latour</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 day</b>		e. STREET ADDRESS (If rural, give location) <b>Latour, Missouri 0510</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Harrisonville Memorial</b>			

3. NAME OF DECEASED (Type or Print)		a. (First) <b>James</b>	b. (Middle) <b>Arthur</b>	c. (Last) <b>Landers</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 24, 1954</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>May 5, 1881</b>	9. AGE (in years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>19</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Cass County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>John V. Landers</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Roupe</b>		14. NAME OF HUSBAND OR WIFE <b>Estella M. Landers</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Estella M. Landers, Latour, Mo.</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>48 HOURS</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>URemia</b>		DUE TO (b) <b>CHRONIC Nephro Sclerosis</b>				UNKNOWN	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>GENERALIZED Arterio Sclerosis</b>				UNKNOWN	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death							

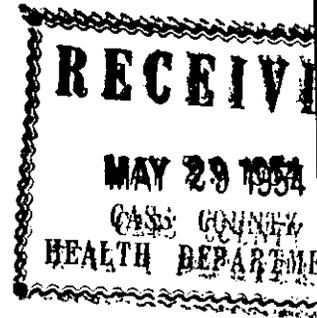
19a. DATE OF OPERATION <b>4/6 X</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (In case of about home, farm, factory, street, office 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 10:50 to 24 MAY, 1954, that I last saw the deceased alive on 24 MAY, 1954, and that death occurred at 9:40 P m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Harrisonville Mo</b>		23c. DATE SIGNED <b>24 MAY 1954</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 26, '54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pitts Chapel Cem.</b>	
		24d. LOCATION (City, town, or county) (State) <b>Gunn C ty, Missouri.</b>			

DATE REC'D BY LOCAL REG. <b>5-26-54</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b> <b>4571-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Holden, Mo.</b>	
				<b>Canada and Ropp Funeral Home</b>	

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 ..... Student Embalmer No. .... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed.....  
*M. L. Quadey*

Licensed Embalmer No.....3434

P. O. Address...Holden, Miss

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.