

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26719

BIRTH NO.		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 3018		Registrar's No. 61			
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem Mo.		c. LENGTH OF STAY (If in hospital) 10 days		c. CITY OR TOWN Salem Mo		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence				e. STREET ADDRESS (If rural, give location) East 4th. St. Salem Mo. 033/2					
3. NAME OF DECEASED (Type or Print) a. (First) Alpha		b. (Middle) Samuel		c. (Last) Land		4. DATE OF DEATH (Month) (Day) (Year) Aug. 29 54			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 5-1900			
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 HRS. Hours   Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Dent County Mo.		12. CITIZEN OF WHAT COUNTRY? A			
13a. FATHER'S NAME William Land		13b. MOTHER'S MAIDEN NAME Alice Elvens		14. NAME OF HUSBAND OR WIFE Alpha Land					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY 490-18-0108		17. INFORMANT'S SIGNATURE OR NAME Alpha Land Salem Mo.		ADDRESS			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion  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.				INTERVAL BETWEEN ONSET AND DEATH ?	
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 8-29-54 to 8-29-54 19, that I last saw the deceased <del>not seen alive</del> , and that death occurred at 12:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) M.D.				23b. ADDRESS M.D. Salem, Mo.		23c. DATE SIGNED 8-31-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-31-54		24c. NAME OF CEMETERY OR CREMATORY Cedargrove		24d. LOCATION (City, town, or county) (State) Salem Mo.			
DATE REC'D BY LOCAL REG. 8-29-54		REGISTRAR'S SIGNATURE M.M. Hart, Jr.		FUNERAL DIRECTOR'S SIGNATURE C. D. [Signature]		ADDRESS Salem, Mo.			

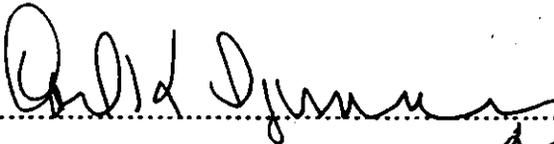
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

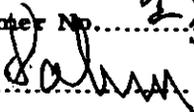
**STATEMENT BY LICENSED EMBALMER**

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 .....

Licensed Embalmer No. 2.....

P. O. Address .....

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.