

STANDARD CERTIFICATE OF DEATH

37217

State File No. \_\_\_\_\_

FILED DEC 6 1955

BIRTH NO. 66932-55 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 505

1. PLACE OF DEATH

a. COUNTY **JASPER**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **JOPLIN**

c. LENGTH OF STAY (In this place) **1 DAY**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **FREEMAN HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **MISSOURI**

b. COUNTY **McDonald**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Anderson "Rural" Rt. # 2**

d. STREET ADDRESS (If rural, give location) **06-00/1**

3. NAME OF DECEASED

a. (First) **David** b. (Middle) **Wesley** c. (Last) **LANDON**

4. DATE OF DEATH (Month) (Day) (Year) **Nov. 29, 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married**

8. DATE OF BIRTH **Sept. 22, 1955**

9. AGE (In years last birthday) **0** **2** **7** **0** **2** **7**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **child**

10b. KIND OF BUSINESS OR INDUSTRY **None**

11. BIRTHPLACE (State or foreign country) **Noel, Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Ralph E. Landon**

13b. MOTHER'S MAIDEN NAME **Mary Anna McKarnin**

14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **None**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME **Ralph E. Landon** ADDRESS **Rt. 2, Anderson, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Infarction of heart**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **75-44**

DUE TO (c) **Pneumonia double-lateral**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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)

21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK?

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 25, 1955, to Nov 29, 1955, that I last saw the deceased alive on Nov 29, 1955, and that death occurred at 4:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **J. Burton Graves MD**

23b. ADDRESS **631 Russo Bldg Joplin**

23c. DATE SIGNED **Nov 29**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **11/29/55**

24c. NAME OF CEMETERY OR CREMATORY **Cummings Chapel Cem.**

24d. LOCATION (City, town, or county) (State) **Anderson Rt. 2, Missouri.**

DATE REC'D BY LOCAL REG. **12-2-55**

REGISTRAR'S SIGNATURE **by Dolores Campbell**

25. FUNERAL DIRECTOR'S SIGNATURE **Paul Rapp** ADDRESS **Anderson, Missouri**

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 5 1955  
Jasper County Health Office  
County File Number 5-12-840  
Date Filed DEC 5 1955

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Carl Papp

Signed.....  
Student Embalmer

Licensed Embalmer No. 3458

P. O. Address Anderson, 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.