

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1387

Registrar's No. 81

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>81</u>									
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY JACKSON							
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 22 days		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				e. STREET ADDRESS (If rural, give location) 4123 INDEPENDENCE Ave.				3193							
3. NAME OF DECEASED (Type or Print)			a. (First) THOMAS			b. (Middle) FRANKLIN			c. (Last) LANDRUM			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 6, 1956			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH OCTOBER 6, 1887		9. AGE (in years last birthday) 68		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, KANSAS				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME ISAAC E. LANDRUM				13b. MOTHER'S MAIDEN NAME BARBARA A. CLUENAM				14. NAME OF HUSBAND OR WIFE _____							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) YES WW I				16. SOCIAL SECURITY NO. NONE				17. INFORMANT'S SIGNATURE OR NAME Official Records VA Hospital, K.C., Mo.				ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION												INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis, reactivated												3 mos			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. 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. Osteomyelitis, left hip with fracture of left hip												31 mos			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____ VA				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 Dec 15 , 19 55 , to Jan 6 , 19 56 , from 1/1/56 to 1/6/56 and that death occurred at 11:30 P.M. , from the causes and on the date stated above.															
23a. SIGNATURE Joaquin F. Lopez (Degree or title) 0								23b. ADDRESS VA Hospital, K.C., Mo.				23c. DATE SIGNED 1-7-56			
24a. BURIAL CREMATION (Specify) BURIAL				24b. DATE 1-9-56		24c. NAME OF CEMETERY OR CREMATORY MT CALVARY Cem.				24d. LOCATION (City, town, or county) (State) KANSAS CITY, Ks.					
DATE REC'D BY LOCAL REG 1-7-56				REGISTRAR'S SIGNATURE Neva Marshall				25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer				ADDRESS K.C., Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Re Permit

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, *John T. Deans*.....

Licensed Embalmer No. *44*.....

P. O. Address *Harmon*.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (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.