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FILED JAN 19 1956

STANDARD CERTIFICATE OF DEATH

State File No. **1675**

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **3127** Registrar's No. **6**

1. PLACE OF DEATH
a. COUNTY **JASPER**
b. CITY (If outside corporate limits, write RURAL and give OR TOWN **WEBB CITY** township)
c. LENGTH OF STAY (In this place) **1 WEEK**
d. FULL NAME OF HOSPITAL OR INSTITUTION **JANE CHINN HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY **JASPER**
c. CITY (If outside corporate limits, write RURAL and give OR TOWN **JOPLIN** township)
d. STREET ADDRESS (If rural, give location) **1901 INDIANA AVENUE**

3. NAME OF DECEASED (Type or Print) a. (First) **FRED** b. (Middle) **ELMER** c. (Last) **LANDRUM** 4. DATE OF DEATH (Month) (Day) (Year) **JAN. 8, 1956**

5. SEX **M** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **NEVER MARRIED** 8. DATE OF BIRTH **JAN. 18, 1883** 9. AGE (In years last birthday) **72** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **OWNED & OPERATED** 10b. KIND OF BUSINESS OR INDUSTRY **MACHINE SHOP** 11. BIRTHPLACE (State or foreign country) **KENTUCKY** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **JAMES LANDRUM** 13b. MOTHER'S MAIDEN NAME **MINNIE BRITTENHAM** 14. NAME OF HUSBAND OR WIFE **-----**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **UNK** 16. SOCIAL SECURITY NO. **-----** 17. INFORMANT'S SIGNATURE OR NAME **MRS. LUCY RICHARDS, 1829 INDIANA AVE.** ADDRESS **JOPLIN, 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) **Sepsis due to Bronchial Obstruction**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES **Cancer of the lung (Unspecified)**
DUE TO (b) **-----**
DUE TO (c) **-----**
II. OTHER SIGNIFICANT CONDITIONS **163X**
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 **Dec 20, 1955**, to **Jan 8, 1956**, that I last saw the deceased alive on **Jan 8, 1956**, and that death occurred at **2:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) _____ 23b. ADDRESS **530 1/2 Main Joplin Mo** 23c. DATE SIGNED **1-10-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **1-11-1956** 24c. NAME OF CEMETERY OR CREMATORY **FOREST PARK CEMETERY** 24d. LOCATION (City, town, or county) (State) **JOPLIN, MISSOURI**

DATE REC'D BY LOCAL REG. **1-11-56** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE **STEVE PARKER MORTUARY, JOPLIN, MO.** ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 16 1956
Jasper County Health Office
County File Number 56-1-50
Date Filed JAN 16 1956

RECORDED
JAN 7 1956

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 F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.