#
No. 300
10.48

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

FILED MAR 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4193

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5305 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: Cole Liberty Twsp
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osage City
c. LENGTH OF STAY (In this place): 55yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Osage City, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN: Osage City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): None 0260

3. NAME OF DECEASED (Type or Print)
a. (First): Bert
b. (Middle): Leon
c. (Last): Landeker

4. DATE OF DEATH (Month) (Day) (Year): March 6 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb-22-1878
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months ___ Days ___ — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationer Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Govt- River work
11. BIRTHPLACE (City and State or Foreign Country): Lowry City, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John C. Landeker
13b. MOTHER'S MAIDEN NAME: Alfretta Walker
14. NAME OF HUSBAND OR WIFE: Anna M. Landeker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S ~~SIGNATURE OR~~ NAME: Mrs. B. L. Landeker
ADDRESS: Osage City, Mo

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 Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Cardiac Failure
DUE TO (c) Carcinomatosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. abdominal + Lungs -

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) m.:
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* Feb 13, 1956, *to* Mar. 6, 1956, *that I last saw the deceased alive on* Mar. 6, 1956 *and that death occurred at* 5:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: G. P. Gay M. D. (Degree or title)
23b. ADDRESS: Medical Arts Bldg.
DATE SIGNED: 9/3/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar-8-1956
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson City, Mo

DATE REC'D BY LOCAL REG.: 9 Mar 1956
REGISTRAR'S SIGNATURE: R. O. Darris MD
25. FUNERAL DIRECTOR'S SIGNATURE: Robert J. Gordon
ADDRESS: Jefferson City, Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 1786

P. O. Address .....

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