

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27730

State File No. ....

FILED AUG 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stella</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anderson</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>0600 /</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cardwell Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u> b. (Middle) <u>(None)</u> c. (Last) <u>Landers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 16, 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 13, 1877</u>	9. AGE (In years last birthday) <u>79</u>	# UNDER 1 YEAR Months <u>3</u> Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Livermore Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Walker Reed Landers</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda Housley</u>	14. NAME OF HUSBAND OR WIFE <u>Nora Kinser Landers</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nora Landers Anderson, Mo</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy and secondary prostatic gland</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>334X</u>	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)	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 8-18-, 1956, to 8-16-, 1956, that I last saw the deceased alive on 8-18-, 1956, and that death occurred at 11 p. m., from the causes and on the date stated above.

23. SIGNATURE <u>C. Cardwell</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Stella, Missouri</u>	23c. DATE SIGNED <u>8-18-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/16/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anderson Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Anderson, Missouri.</u>		

DATE REC'D BY LOCAL REG. <u>8-18-56</u>	REGISTRAR'S SIGNATURE <u>Alpha Dyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kapp Funeral Home Anderson Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
TV. 10.48

3640

RECEIVED

District Health Officer No. Newton  
District File Number 856-136  
Date Filed AUG 22 1950

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: .....  
Student Embalmer \_\_\_\_\_

Signed Carl Papp  
\_\_\_\_\_

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.