

FILED SEP 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30139

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5267 Registrar's No. 33

1. PLACE OF DEATH  
COUNTY Christian  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
STATE Mo. COUNTY Christian

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Spokane, Mo. c. LENGTH OF STAY (In this place) 34 Yrs. d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Co., Missouri e. STREET ADDRESS (If rural, give location) Christian Co., Missouri

3. NAME OF DECEASED a. (First) Joel b. (Middle) C. c. (Last) Landers 4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH May 14, 1886 9. AGE (In years last birthday) 70 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) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farmer 11. BIRTHPLACE (City and State or Foreign Country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Landers 13b. MOTHER'S MAIDEN NAME Mary Landers 14. NAME OF HUSBAND OR WIFE Mrs. Ada Landers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ada Landers, Spokane, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cardiac arrest INTERVAL BETWEEN ONSET AND DEATH sudden  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis 12 hrs.  
DUE TO (c) arteriosclerosis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of lungs 2 yrs.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4201H 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Car wreck 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Desautels home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Spokane, Christian, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? While driving on highway, hitting a corner post, the wheel hit a tree, the car rolled over.

22. I hereby certify that I attended the deceased from 9-11, 1956, to 9-13, 1956, that I last saw the deceased alive on 9-11-56, and that death occurred at 4:00 Am., from the causes and on the date stated above.

23a. SIGNATURE Harold Shaffer DO (Degree or title) 23b. ADDRESS Wika, Mo. 23c. DATE SIGNED 9-18-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept 16, 56 24c. NAME OF CEMETERY OR CREMATORY Highlandville, Christian Co., Missouri 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG Sep 20-1956 REGISTRAR'S SIGNATURE Corretta McLean 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. B. Chaffin Ozark Mo.

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

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SEP 26 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address *Ozark Mo*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.