. Health,
& Welfare
. Public
h Service

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securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 12308

FILED APR 24 1957

Registration District No. 43 Primary Registration District No. 5143 Registrar's No. 294

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Poplar Bluff Twsp. Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RR # 1 Length of stay in 1b: yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Butler
c. CITY OR TOWN: Poplar Bluff 0120 Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RR # 1 Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: EMIL Middle: AUGUST Last: LANDRE

4. DATE OF DEATH Month: April Day: 19 Year: 1957

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: July 24, 1885 **9. AGE** (In years last birthday): 71 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): Employee **10b. KIND OF BUSINESS OR INDUSTRY**: NYC Railroad **11. BIRTHPLACE** (City and state or country): Alton, Illinois **12. CITIZEN OF WHAT COUNTRY?**: USA

13. FATHER'S NAME: Henry Landre **14. MOTHER'S MAIDEN NAME**: Minnie Richter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None **16. SOCIAL SECURITY NO.**: 487-18-4975 **17. INFORMANT**: Grace Landre, Address: Poplar Bluff, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 1 from years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 22 Mar 57, to Death and last saw her/him alive on 26 Mar 57
Death occurred at 9:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Norman E. Phillips MD **22b. ADDRESS**: Poplar Bluff, Mo. **22c. DATE SIGNED**: 13 Apr 57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 4-12-1957 **23c. NAME OF CEMETERY OR CREMATORY**: Memorial Gardens **23d. LOCATION** (City, town, or county) (State): Poplar Bluff, Mo.

24. FUNERAL DIRECTOR ADDRESS: Greer Croy & Fitch, Poplar Bluff, Mo. **25. DATE REC'D BY LOCAL REG.**: 4/15/57 **26. REGISTRAR'S SIGNATURE**: R. N. Mueller

(Licensed Embalmer's Statement on Reverse Side)

Burial

RECEIVED
APR 22 1957
BUTLER CO. HEALTH CENTER
FILE No._____

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 Ray P. Adams

Licensed Embalmer No. 49

P. O. Address Kaplan Bly

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.