

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24833**

FILED JUL 17 1957

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **3024** Registrar's No. **62**

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

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fayette</b>		c. CITY OR TOWN <b>Fayette</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway #5 Near 725 N. Church</b>		e. STREET ADDRESS (If rural, give location) <b>301 East Morrison</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Martin</b> c. (Last) <b>Lander</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July I 1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 10 1882</b>
9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR <b>5</b> Months	IF UNDER 24 HRS. <b>21</b> Hours <b>1</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Police Officer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City of Fayette</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Audrain County, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Simon Crutchfield Lander</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Leah Ferguson</b>		14. NAME OF HUSBAND OR WIFE <b>Frances Holland</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY (If yes, give war or dates of service) <b>486-36-1881</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs W. M. Lander Fayette, Mo</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>(1) Comminuted Fractures</b> ANTECEDENT CAUSES <b>both femur</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>(2) Crushed Chest</b> DUE TO (c) <b>(3) Brain Injury (Concussion)</b> 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	
20. AUTOPSY? <b>2</b> 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.) <b>Highway #5</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Fayette 245 MO</b>	
21d. TIME OF INJURY <b>7-1-57</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Car accident</b>	
22. I hereby certify that I attended the deceased from <b>7-1-57</b> , 19 <b>57</b> , to <b>7-1-57</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>7-1-57</b> , 19 <b>57</b> , and that death occurred at <b>12:4</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>W. Bloom M.D. Coroner</b>		23b. ADDRESS <b>Fayette, Mo</b>	23c. DATE SIGNED <b>7-8-57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/3/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fayette City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Fayette, Missouri</b>
DATE REC'D BY LOCAL REG. <b>7/8/57</b>	REGISTRAR'S SIGNATURE <b>Mary K. Shell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ralph A. Carr</b>	ADDRESS <b>Fayette, Mo</b>

JUL 30 1957

JUL 17 1957

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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 *Ralph A. Carr*

Licensed Embalmer No. *334*

P. O. Address *Jayette*

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.