

11th, before public view

FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30619  
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Amsterdam</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital #3</b>		Length of stay in lb <b>10 mos. 27 days</b>	d. STREET ADDRESS (If outside, give location) <b>--</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Nevada</b> Middle <b>Ellen</b> Last <b>Landreth</b>			4. DATE OF DEATH Month <b>8</b> Day <b>16</b> Year <b>1957</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 28, 1879</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Bates County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>David Thomson</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Lee Landreth</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>	16. SOCIAL SECURITY NO. <b>--</b>	17. INFORMANT <b>Hospital Records</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Broncho-pneumonia</b>		<b>2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerosis</b>	<b>many years</b>
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>--</b>
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20c. TIME OF INJURY Hour <b>--</b> Month <b>--</b> Day <b>--</b> Year <b>--</b> a.m. <b>--</b> p.m. <b>--</b>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory; street, office bldg., etc.) <b>--</b>	20f. CITY, TOWN, OR LOCATION <b>--</b>	COUNTY <b>--</b>	STATE <b>--</b>
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21. I attended the deceased from <b>Sept. 20, 1956</b> to <b>Aug. 16, 1957</b> and last saw her/him alive on <b>Aug. 16, 1957</b> Death occurred at <b>9:55 P. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>E. S. Wickert, M.D.</i>	(Degree or title) <b>D</b>	22b. ADDRESS <b>Nevada, Missouri</b>	22c. DATE SIGNED <b>8-16-57</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8-16-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Keeton Cemetery</b>	23d. LOCATION (City, town, or county) <b>Amsterdam</b>	(State) <b>Mo.</b>
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24. FUNERAL DIRECTOR <b>Archer-Mangold - Amsterdam, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>8-21-57</b>	26. REGISTRAR'S SIGNATURE <i>Anna E. Ferry</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 11 1951

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 *Robert L. Mangus*

Licensed Embalmer No. *4970*

P. O. Address. *La Crosse*

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.