

FILED OCT 21 1957 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36874**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **4406** Registrar's No. **430**

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HOUSTONIA		c. LENGTH OF STAY (in this place) 42 YEARS	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HOUSTONIA		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOUSTONIA, MO			

3. NAME OF DECEASED (Type or Print)
a. (First) **ETHEL** b. (Middle) **EMMA** c. (Last) **LANDES**
4. DATE OF DEATH (Month) (Day) (Year) **OCTOBER 16, 1957**

5. SEX **Female** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **AUGUST 11, 1894** 9. AGE (In years last birthday) **63** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 Mo. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY **AT HOME** 11. BIRTHPLACE (City and State or Foreign Country) **SWEET SPRINGS, MO** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **JAMES M. GEORGE** 13b. MOTHER'S MAIDEN NAME **LILLY GEORGE** 14. NAME OF HUSBAND OR WIFE **LESTER C. LANDES**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **LESTER LANDES, HOUSTONIA, 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) **Sudden unexpected death of a few days** INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
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. **Apoplexy**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **None** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **None** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Houstonia Pettis Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from _____, 1951, to **Oct**, 1957, that I last saw the deceased alive on **Oct 16**, 1957, and that death occurred at **3 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **D. L. Parkhurst M.D.** 23b. ADDRESS **Houstonia** 23c. DATE SIGNED **Oct 16, 57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **OCTOBER 18, 1957** 24c. NAME OF CEMETERY OR CREMATORY **MEMORIAL PARK** 24d. LOCATION (City, town, or county) (State) **SEDALIA, MISSOURI**

DATE REC'D BY LOCAL REG. **10-17-57** REGISTRAR'S SIGNATURE **Frances Shelby** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **L. F. Parker, Sweet Springs, Mo.**

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

5410

DEC 8 1957
DEC 4 1957

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs, 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 this body is not embalmed, fact should be so stated above.