THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005656

STATE FILE NUMBER 776

FILED MAR 10 1958

Registration District No. 149 Primary Registration District No. 002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp — Length of stay in 1b 60 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 5209 Independence Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Mrs. Elizabeth Middle: Last: Landree

4. DATE OF DEATH Month Feb. Day 12, Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH April 21, 1872
9. AGE (In years last birthday) 85 — 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) Housewife m
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) Syracuse, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME David Humphrey
13b. MOTHER'S MAIDEN NAME Sarah Ann Collins
14. NAME OF HUSBAND OR WIFE Ernest Landree (Dec.)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. None
17. INFORMANT Mr. Knox Converse Address 52o9 Independence

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) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 2 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute Myocardial Infarction — 2 days.
DUE TO (c) Generalized Atherosclerosis — years
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 ☐ NO ☒

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 3-20-54, to 2-12-58 and last saw her/him alive on 2-12-58
Death occurred at 9:40 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert L. Ward M.D. (Degree or title)
22b. ADDRESS 4126 St John
22c. DATE SIGNED 2-13-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-14-1958
23c. NAME OF CEMETERY OR CREMATORY Mt. Washington
23d. LOCATION (City, town, or county) Kansas City, (State) Missouri

24. FUNERAL DIRECTOR Stine & McClure Und. Co. ADDRESS KC, Mo.
25. DATE RECD. BY LOCAL REG. 2-13-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Robert L. Ward

HU 3119

1:00-6:00

V 2

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 ..... Signed F. L. Walton

Signature of Student Embalmer

Licensed Embalmer No. 27HH

P. O. Address K C 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.