...t. Health, ..., & Welfare ...S. Public ...lth Service

...S. 300 ...v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024736

STATE FILE NUMBER

FILED AUG 14 1958

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 489

1. PLACE OF DEATH a. COUNTY: Butler	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Poplar Bluff, Mo. Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Poplar Bluff 0124 Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 709 South 8th St. Length of stay in 1b	d. STREET ADDRESS (If outside, give location): 709 Soth 8th Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Joe Middle: Last: Landis		4. DATE OF DEATH Month Day Year: July 31, 1958	
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH: April 5,1878
9. AGE (In years last birthday): 80	IF UNDER 1 YEAR Months: 3 Days: 26	IF UNDER 24 HRS. Hours: Min.:	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Timber Worker	10b. KIND OF BUSINESS OR INDUSTRY: Retired	11. BIRTHPLACE (City and state or country): New Boise County, Ind.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: Unknown	13b. MOTHER'S MAIDEN NAME: Unknown	14. NAME OF HUSBAND OR WIFE: Alice Landis, Dec'd.	
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 Address: John Landis, 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): Cardio Vascular Renal Disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Chronic Nephritis

DUE TO (c): Chronic Prostatitis 611X

INTERVAL BETWEEN ONSET AND DEATH: One Year

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 [ ] 0

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 1-2-1958, to 7-31-1958 and last saw ~~her~~ him alive on [illegible]-1958

Death occurred at 7:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD	22b. ADDRESS: Poplar Bluff, Missouri	22c. DATE SIGNED: 8-6-1958
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 8-2-58	23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
23d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo.		
24. FUNERAL DIRECTOR ADDRESS: Frank-Cotrell Poplar Bluff, Mo.	25. DATE REC'D. BY LOCAL REG.: 8/9/58	26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

8 9 6

RECEIVED
AUG 12 1958
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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff

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.