

FILED JUL 30 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025907

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 310

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Jackson</b> b. COUNTY <b>Missouri</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>		c. CITY OR TOWN <b>Independence</b> <i>9005</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>411 East Alton</b>		d. STREET ADDRESS (If outside, give location) <b>411 East Alton</b>	
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Wilson</b> Last <b>Landes</b>		4. DATE OF DEATH Month <b>7</b> Day <b>20</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>11-13-1877</b>
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (City and state or country) <b>Davis County, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>David Landes</b>	
13b. MOTHER'S MAIDEN NAME <b>Laura Terry</b>		14. NAME OF HUSBAND OR WIFE <b>Ina Belcher</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <b>NO</b> unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Doris Breedlove, 5104 Red Bridge, Ja. Co.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute Complete Heart Block</b> DUE TO (b) <b>Coronary Infarction</b> DUE TO (c) <b>Chronic Arteriosclerosis</b> CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Bright pleural effusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>
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>4201</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <b>7/14/58</b>		20f. COUNTY STATE <b>7/19/58</b>	
21. I attended the deceased from Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from <b>7/14/58</b> to <b>7/19/58</b> and last saw her/him alive on <b>7/19/58</b>	
22a. SIGNATURE <i>Red W. Hunt</i>		22b. ADDRESS <b>10229 Independence Kc Mo</b>	
22c. DATE SIGNED <b>7/21/58</b>		23a. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>	
23b. DATE <b>7-23-1958</b>		23c. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>	
24. FUNERAL DIRECTOR <b>Weillert Funeral Home K.C.Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-23-58</b>	
26. REGISTRAR'S SIGNATURE <i>James Craig</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 B. E. Dillit  
Licensed Embalmer No. 4075  
P. O. Address L. C. 8 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.