Health, & Welfare Public Service

S. 300 1-57

X

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-027148
STATE FILE NUMBER

FILED JUL 18 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6778

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis, Missouri. Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 38 Barnes Hospital Length of stay in 1b DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 2752 Goodfellow Blvd., Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Johnny Middle DeWitt Last Land

4. DATE OF DEATH Month July Day 4, Year 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH November 16, 1924

9. AGE (In years last birthday) 33 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) Laborer

10b. KIND OF BUSINESS OR INDUSTRY General

11. BIRTHPLACE (City and state or country) Greenville Co. So. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME J. B. Land

13b. MOTHER'S MAIDEN NAME Clara Knight

14. NAME OF HUSBAND OR WIFE Beatrice Land

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. II

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Address Beatrice Land, 2752 Goodfellow Blvd.,

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) External Hemorrhage following traumatic amputation of Left Leg.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)
Suffered when struck by auto

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Open Verdict Hwy #61, Jasper 455 p.m., July 4th 1958. Cause and Manner of same could not be determined

20c. TIME OF INJURY Hour 455 p.m. Month, Day, Year 7 4 58

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.) 31 Hwy

20f. CITY, TOWN, OR LOCATION 057 COUNTY STATE near Troy Missouri

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 750 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] Jasper Lincoln County Vol 3

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 7/7/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 7-5-58

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State) Fountain Inn, South Carolina.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.,

25. DATE RECD. BY LOCAL REG. JUL 7 58

26. REGISTRAR'S SIGNATURE J Earl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUL 18 1958

AUG 18 1960

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 J Wm Buckley

Licensed Embalmer No. 765 3

P. O. Address St. Louis 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.