Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012391
STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 458

1. PLACE OF DEATH a. COUNTY: Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Faucett 0116 — Inside Limits: Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 624 Prospect Leon Nursing Home — Length of stay in 1b: Life	d. STREET ADDRESS (If outside, give location): Rural — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Allyn	Middle: Roundtree	Last: Landis	4. DATE OF DEATH: Month: May	Day: 2, Year: 1959
5. SEX: Female 1	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] 2	8. DATE OF BIRTH: Dec. 4, 1884	9. AGE (In years last birthday): 74 — 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	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (City and state or country): Faucett, Missouri 0	12. CITIZEN OF WHAT COUNTRY?: USA	
13a. FATHER'S NAME: William Richardson Roundtree	13b. MOTHER'S MAIDEN NAME: Ella May Hurst	14. NAME OF HUSBAND OR WIFE: W.A. Landis		
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.: 491-42-3692	17. INFORMANT: W.A. Landis Jr.	Address: Faucett, Missouri	

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) Multiple Cerebral Vascular Accidents — INTERVAL BETWEEN ONSET AND DEATH

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

DUE TO (b) Arteriosclerosis Gen — Yrs.

DUE TO (c) Valvular Heart Desease — Yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fract Hip - Recent Ununited 331XF

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): fell to floor

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: Mar. 20, 1959

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home

20f. CITY, TOWN, OR LOCATION: Faucett — COUNTY: Buchanan — STATE: Mo.

21. I attended the deceased from 2-6-53, to 5-2-59 and last saw her alive on 4-24-59.

Death occurred at 3:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert W Kieber (Degree or title) M.D. — 22b. ADDRESS: St Joseph Mo — 22c. DATE SIGNED: 5-4-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: May 4, 1959	23c. NAME OF CEMETERY OR CREMATORY: Mt. Mora Cemetery	23d. LOCATION (City, town, or county) (State): St. Joseph, Missouri
24. FUNERAL DIRECTOR: Mauzeffer-Hamon Inc. by GHB	ADDRESS: St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG.: May 5, 1959	26. REGISTRAR'S SIGNATURE: Mrs Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

Coroner, etc. must use only standard nomenclature in item no. 18 to describe all diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Robert W. Kieber

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 Elbert R. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph

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.