

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024523

FILED VS JUL 23 1959

Registration District No. 12 Primary Registration District No. 5289 Registrar's No. 123

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Clay		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gladstone		a. STATE Missouri b. COUNTY Clay		c. CITY OR TOWN Gladstone	
Length of stay in 1b 1 Yr. 3 Months		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7107 Cherry Lane	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First RANCE		Middle FRANK		Last LANDERS		Month Day Year July 11th, 1959	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH March 15, 1883	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY - - - -		11. BIRTHPLACE (City and state or country) Christian Co., Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Landers		13b. MOTHER'S MAIDEN NAME Lucy Jane Ward		14. NAME OF HUSBAND OR WIFE Woodie Bell Landers			
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 7107 Cherry Lane Mrs. Maxine Shirkey, Gladstone, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) Pneumonia, bilateral						2 days	
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) Arteriosclerosis, Generalized						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Oct 20 1958 , to 7-11-59 and last saw him alive on 7-11-59 Death occurred at 9:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Walter L. Sportsman MD				22b. ADDRESS 1408 8400 No Oak KC 16 Mo		22c. DATE SIGNED 7-11-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 12, 1959		23c. NAME OF CEMETERY OR CREMATORY Highlandville Cem.		23d. LOCATION (City, town, or county) (State) Ozark, Missouri	
24. FUNERAL DIRECTOR ADDRESS FREEMAN MORTUARY, Kansas City, Missouri				25. DATE RECD. BY LOCAL REG. 7-12-59		26. REGISTRAR'S SIGNATURE Marguerite Hudgens	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 23 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Clayton K. Barne

Licensed Embalmer No. 4793

P. O. Address K.R. 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.

Embalmed by _____