

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000635

FILED VS JAN 20 1960

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 16

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived; If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Harrisonville</u>		Length of stay in 1b <u>13 Days</u>		c. CITY OR TOWN <u>Harrisonville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>304 No Lake</u>	
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>AARON</u> Last <u>LONDON</u>				4. DATE OF DEATH Month <u>Jan</u> Day <u>15</u> Year <u>1960</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan 19 1876</u>	
9. AGE (last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hamm - Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Livingston Co Mo U. S. A</u>	
11. BIRTHPLACE (City and state or country) <u>Livingston Co Mo U. S. A</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>		13a. FATHER'S NAME <u>Huffman Landon</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Purcell</u>	
14. NAME OF HUSBAND OR WIFE <u>Donna Page Landon</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Georgia Carlson</u> Address <u>Harrisonville Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PULMONARY FIBROSIS</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 YRS</u>	
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)						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 <u>DEC 1 1959</u> to <u>JAN 15 1960</u> and last saw him ^{last} live on <u>1-14-60</u> Death occurred at <u>3:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J. L. Moody MD</u> (Degree or title)				22b. ADDRESS <u>HARRISONVILLE Mo</u>		22c. DATE SIGNED <u>1-15-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan 17-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>	
24. FUNERAL DIRECTOR <u>Bunnenburg's</u>		ADDRESS <u>Harrisonville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 16-60</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Ray Sebee</u>	

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 Frank C. Runnelt

Licensed Embalmer No. 5093

P. O. Address Harrisonville

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.