

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011062

FILED VS APR 11 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1793

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson											
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 35 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 2626 E. 35th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Milo Middle R. Last Landes				4. DATE OF DEATH Month March Day 25 Year 1960											
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 Mar. 15, 1901		9. AGE (last birthday) 59		IF UNDER 1 YEAR Months 2 Days hours		IF UNDER 24 HR Hours 2 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Florist			10b. KIND OF BUSINESS OR INDUSTRY Crestwood Flowers			11. BIRTHPLACE (City and state or country) Omaha, Nebraska			12. CITIZEN OF WHAT COUNTRY U. S. A.						
13a. FATHER'S NAME Milo George Landes				13b. MOTHER'S MAIDEN NAME Henrietta Rigour				14. NAME OF HUSBAND OR WIFE Elizabeth Marie Landes							
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. 487-01-7460		17. INFORMANT Chester Landes, Lake Tapawingo, Mo Address									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute pulmonary edema								INTERVAL BETWEEN ONSET AND DEATH 2 hours							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) circulatory failure								24 hours							
DUE TO (c) advanced carcinoma of rectum								6 months							
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 checked="" type="checkbox"/> NO <input 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 5:10 a.m. p.m. PM. Month, Day, Year 2-8-60				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 2-8-60 to 3-25-60 and last saw her/him alive on 3-25-60 Death occurred at 5:10 PM. m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE Herbert Shuey M.D. (degree or title)						22b. ADDRESS 3903 Brooklyn K.C., Mo.			22c. DATE SIGNED 3-28-60						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 3-28-60		23c. NAME OF CEMETERY OR CREMATORY Floral Hills			23d. LOCATION (City, town, or county) Kansas City, Missouri (State)							
24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo. ADDRESS					25. DATE RECD. BY LOCAL REG. 3-28-60		26. REGISTRAR'S SIGNATURE Herbert Shuey								

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Herbert Shuey**

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed

Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address K.C. Mo

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