

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016085

FILED VS MAY 9 1960

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 68

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Livingston		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		c. CITY OR TOWN Jameson		d. STREET ADDRESS (If outside, give location) ---	
Length of stay in 1b 10 Days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. STATE Missouri COUNTY Daviess		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Chloe		Middle Ellen		Last Landes		Month Day Year April 24 1960	
5. SEX Female	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 1-4-1884	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Daviess Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Collins			13b. MOTHER'S MAIDEN NAME Esther Brown		14. NAME OF HUSBAND OR WIFE Hubert S. Landes (Dec'd)		
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. 497-32-4526		17. INFORMANT Address J.B. Landes, Jameson, Mo.			
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)						Cerebral anoxia	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Bilateral Hypostatic pneumonia	
						DUE TO (c) Cerebrovascular accident	
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>April 14, 1960</u> to <u>April 24, 1960</u> and last saw her/him alive on <u>April 24, 1960</u> Death occurred at <u>5 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Sam D. McKinney D.O.				22b. ADDRESS Chillicothe, Missouri		22c. DATE SIGNED 4-26-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-26-1960		23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery		23d. LOCATION (City, town, or county) (State) Gallatin Mo.	
24. FUNERAL DIRECTOR ADDRESS Hope Funeral Home, Gallatin, Mo.				25. DATE RECD. BY LOCAL REG. 4-26-60		26. REGISTRAR'S SIGNATURE Frances B. Neill	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *A. Dickerson*

Licensed Embalmer No. 3302

P. O. Address *Fall Lake*

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.