

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-016098**

**FILED VS APR 26 1960**

Registration District No. 187 Primary Registration District No. \_\_\_\_\_ Registrar's No. 60 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rich Hill Twp.</u>		Length of stay in 1b <u>40 yrs.</u>	c. CITY OR TOWN <u>Bural</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rfd. 1, Chillicothe</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RFD 1, Chillicothe</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Sterling</u> Middle <u>William</u> Last <u>Vanlandingham</u>			4. DATE OF DEATH Month <u>April</u> Day <u>18</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>10/23/11</u>	9. AGE (last birthday) <u>48</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (City and state or country) <u>Sumner, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>William Vanlandingham</u>	13b. MOTHER'S MAIDEN NAME <u>Cora Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Mildred Vanlandingham</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-34-1412</u>
17. INFORMANT <u>Mrs. Mildred Vanlandingham,</u>		Address <u>Chillicothe, Mo.</u>

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)	<u>Wound Penetrating of Brain</u>	<u>Instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Gun Shot Wound</u>	<u>Instant</u>
	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Used 22 Rifle.</u>
20c. TIME OF INJURY Hour <u>8:30</u> a.m. Month, Day, Year <u>4/18/60</u>		

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>ON farm</u>	20f. CITY, TOWN, OR LOCATION <u>Chillicothe, Livingston Co, Mo</u>
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21. I attended the deceased from none to \_\_\_\_\_ and never saw him alive on April 11-60  
Death occurred at 8:39 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Joseph Conrad M.P. Coxner</u>	(Degree or title)	22b. ADDRESS <u>Chillicothe, Mo</u>	22c. DATE SIGNED <u>Apr 20-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Apr. 20, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wheeling cemetery</u>	23d. LOCATION (City, town, or county) <u>Wheeling, Mo.</u>
24. FUNERAL DIRECTOR <u>Donald Gordon, Chillicothe, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>4/23/60</u>	26. REGISTRAR'S SIGNATURE <u>Francis B. Hurd</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 8 1960

STATEMENT BY LICENSED EMBALMER

MAY 13 1960 MAY 2 1960

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 Richard W. Bandal

Licensed Embalmer No. 4866

P. O. Address Chillicothe,

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.