URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 18 1960

-60-026302
STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 103

NDED

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville — Length of stay in 1b: 4 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rest Haven Home — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howard
c. CITY OR TOWN New Franklin, — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 206 North Howard — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First Maude Middle E. Last LANDRAM
4. DATE OF DEATH: Month July Day 11, Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married XX Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 4, 1883
9. AGE (last birthday): 77 — 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): Office Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Power & Light Co.
11. BIRTHPLACE (City and state or country): New Franklin, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Landram
13b. MOTHER'S MAIDEN NAME: Nettie Bartmann
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: 486-30-9288
17. INFORMANT: Mrs. Helen Fitzgerald Address: St Louis Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): hypertension + chronic nephritis
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
'60

21. I attended the deceased from 1940, to July 11 and last saw her/him alive on July 7, 60
Death occurred at 3 pm July 11 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Alexander Ravenswood MD
22b. ADDRESS: 510 E. Spring, Boonville Mo
22c. DATE SIGNED: July 13

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 13, 60
23c. NAME OF CEMETERY OR CREMATORY: Mt. Pleasant Cem.
23d. LOCATION (City, town, or county) (State): New Franklin, Missouri 60

24. FUNERAL DIRECTOR ADDRESS: Markland - Hall New Franklin, Mo.
25. DATE RECD. BY LOCAL REG.: 7/13/60
26. REGISTRAR'S SIGNATURE: D.E. Hooper

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Tom D. Markland

Signature of Student Embalmer

Licensed Embalmer No. 4592

P. O. Address New Franklin

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