

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. AUG 29 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4134

60-030638 STATE FILE NUMBER

DEED

4-9-60  
9-9-60

62

64  
16 430-10-1456  
BY AFFIDAVIT OF Funeral Director

DOCUMENT

H. Mc Cause MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Linn. Co.</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in lb <u>29 days</u>		c. CITY OR TOWN <u>Mt. Vernon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>318 W. Cherry</u>	
3. NAME OF DECEASED (Type or print) First <u>Richard</u> Middle <u>Hundley</u> Last <u>Landrum</u>		4. DATE OF DEATH Month <u>8</u> Day <u>10</u> Year <u>60</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6-20-1946</u>		9. AGE (last birthday) <u>14</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>valuator for the F.H.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mt. Vernon, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>Charles R. Landrum</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Laura Ryan</u>		14. NAME OF HUSBAND OR WIFE <u>Helen May</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>430-10-1456</u>		17. INFORMANT <u>Mrs. Lois O'Connell</u>		Address <u>East Springs, 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>Carcinoma lead of pancreas with multiple metastases</u> DUE TO (b) _____ DUE TO (c) _____ CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>						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 _____ 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>7/12/60</u> to <u>8/10/60</u> and last saw him alive on <u>8/10/60</u> Death occurred at <u>11:40</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>R.A. Mc Cause, MD</u> (Degree or title)				22b. ADDRESS <u>4706 Betsy KC 12 Mo</u>		22c. DATE SIGNED <u>8/11/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>8/11-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>100 F Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Mt. Vernon, Linn, Mo.</u>	
24. FUNERAL DIRECTOR <u>Max S. Fossett Funeral Home</u> ADDRESS <u>Mt. Vernon Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>8-11-60</u>		26. REGISTRAR'S SIGNATURE <u>H. L. Dwyer</u>	

SEP 9 - 6 1960

AUG 29 1960

SEP 13 1960

### STATEMENT BY LICENSED EMBALMER

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

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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