

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 27 1960

=60-046928

STATE FILE NUMBER

Registration District No. 248 Primary Registration District No. 4369 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Seneca</u>			Length of stay in 1b <u>1 day</u>		c. CITY OR TOWN <u>rte 1, Anderson</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Williams Chev. Garage</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2 mi. E. of Tiff City</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>James Ernest Landon</u>				4. DATE OF DEATH Month Day Year <u>Dec. 16, 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>Nov. 6, 1905</u>	9. AGE (last birthday) <u>57</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Williams Chev. Co.</u>		11. BIRTHPLACE (City and state or country) <u>McDonald County Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>Mo. U.S.A.</u>		
13a. FATHER'S NAME <u>John L. Landon</u>			13b. MOTHER'S MAIDEN NAME <u>Cynthia Ellen Stinson</u>		14. NAME OF HUSBAND OR WIFE <u>Jettie</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>495-09-0027</u>		17. INFORMANT Address <u>Mrs. Jettie Landon, rt 1 Anderson 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>Coronary Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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			
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>Dec. 12, 1960</u> to <u>Dec. 16, 1960</u> and last saw him alive on <u>Dec. 16, 1960</u> Death occurred at <u>1:30 p.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>John B. Roberts D.O.</u>				22b. ADDRESS <u>Seneca Mo.</u>		22c. DATE SIGNED <u>12-20-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 18, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New Bethel Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>McDonald Co. Missouri</u>		
24. FUNERAL DIRECTOR <u>W E Bedderson</u>			ADDRESS <u>Seneca Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-20-60</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 6 1961

JAN 12 1961

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 W E Reddick

Licensed Embalmer No. 217

P. O. Address Seneca

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.