

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000855

STATE FILE NUMBER

FILED VS. JAN 9 1961  
 AMENDED Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>			Length of stay in 1b <b>19 days</b>		c. CITY OR TOWN <b>St. Clair</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Rural</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Albert</b> Middle <b>Leo</b> Last <b>Landing</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>2,</b> Year <b>1961</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>March 28, 1904</b>	
9. AGE (last birthday) <b>56</b>		IF UNDER 1 YEAR Months <b>56</b> Days <b>56</b> Hours <b>56</b> Min. <b>56</b>		IF UNDER 24 HR Months <b>56</b> Days <b>56</b> Hours <b>56</b> Min. <b>56</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Worker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Factory</b>		11. BIRTHPLACE (City and state or country) <b>Sullivan, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Austin Landing</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Robinson</b>			14. NAME OF HUSBAND OR WIFE <b>Gertha Landing</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		17. INFORMANT <b>Gertha Landing</b>		Address <b>St. Clair, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gastric Carcinoma</b>							INTERVAL BETWEEN ONSET AND DEATH <b>18 mos.</b>
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 checked="" 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 <b>4</b> a.m. <b>4</b> 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 <b>3 Aug 1960</b> to <b>2 Jan 1961</b> and last saw him alive on <b>1 Jan 1961</b> Death occurred at <b>4 A M</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree, or title) <b>Wm R. Beck anderson, M.D.</b>				22b. ADDRESS <b>Union, Mo</b>			22c. DATE SIGNED <b>3 Jan 61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan. 4, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>IOUF Cemetery</b>		23d. LOCATION (City, town, or county) <b>Sullivan, Mo.</b> (State)		
24. FUNERAL DIRECTOR <b>Casey-Lenox</b>			ADDRESS <b>St. Clair, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1/6/61</b>		26. REGISTRAR'S SIGNATURE <b>J.P. Hillman</b>

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ  
 TYPEWRITER RIBBON

JAN 10 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed K. M. Lewis, Jr.

Licensed Embalmer No. 5090

P. O. Address St. Clair, Mo

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.