

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007786

AMENDED

FILED APR 7 1961

Primary Registration District No.

Registrar's No. 153

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

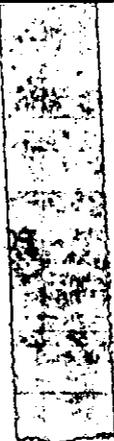
SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>HOWELL</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		Length of stay in 1b <b>1 DAY</b>		c. CITY OR TOWN <b>MOUNTAIN VIEW</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>NONE</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>RAYMOND</b> Middle <b>"A"</b> Last <b>LANDESS</b>				4. DATE OF DEATH Month <b>MARCH</b> Day <b>21</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>5-3-93</b>		9. AGE (last birthday) <b>67</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INSPECTOR</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>		11. BIRTHPLACE (City and state or country) <b>REDKEY, INDIANA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>JOHN LANDESS</b>				13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>				14. NAME OF HUSBAND OR WIFE <b>ELSIE MAE LANDESS</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>				16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT Address <b>VA HOSPITAL RECORDS, POPLAR BLUFF, MO.</b>							
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) <b>SHOCK DUE TO HEMORRHAGE.</b>										<b>12:30PM,</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>RUPTURED ABDOMINAL AORTIC ANEURYSM.</b>										<b>20 MAR. '61</b>			
DUE TO (c) <b>GENERALIZED ARTERIOSCLEROSIS.</b>										<b>to</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										<b>3:19AM,</b>			
PART III. If deceased was female, was there a pregnancy in last 90 days.										<b>21 MAR. '61</b>			
										<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					
<b>VA</b>		<b>MARCH 20, 1961</b>		<b>MARCH 21, 1961</b>									
21. I attended the deceased from <b>MARCH 20, 1961</b> to <b>MARCH 21, 1961</b> and to the best of my knowledge, from the causes stated. Death occurred at <b>3:19 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Irving R. Majors</i>						22b. ADDRESS		22c. DATE SIGNED					
<b>IRVING R. MAJORS, M.D., Chief, Surgical Svc. VA Hospital, Poplar Bluff, Mo.</b>								<b>3/23/61</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)					
<b>Removal</b>		<b>3-20-61</b>		<b>Red Key Cem.</b>		<b>Red Key, Indiana</b>							
24. FUNERAL DIRECTOR <b>Frank-Cotrell Poplar Bluff, Mo.</b>				25. DATE RECD BY LOCAL REG. <b>3/31/61</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>							

APR 25 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 \_\_\_\_\_

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

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

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.