SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-027740

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 545 Registrar's No. 2002

FILED JUL 25 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Maplewood
Length of stay in 1b: 7 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Maplewood Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dunklin
c. CITY OR TOWN: Kennett
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 200 So. Jackson
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Carrye Middle: Ella Last: Lansdell
4. DATE OF DEATH: Month: July Day: 15, Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11/22/1877
9. AGE (last birthday): 83
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Alabama
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: D.R. Lentz
13b. MOTHER'S MAIDEN NAME: Margaret Lucretia Gorton
14. NAME OF HUSBAND OR WIFE: Alvah Lansdell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Truman Coble, Kennett, 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): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: one mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — many years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral arteriosclerosis
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

21. I attended the deceased from Sept 24, 1957 to July 15, 1961 and last saw her/him alive on July 15, 1961
Death occurred at 5:00 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James B. Jones (Degree or title): MD.
22b. ADDRESS: 9313 Manchester Road St Louis 19, Mo.
22c. DATE SIGNED: 7-17-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-17-61
23c. NAME OF CEMETERY OR CREMATORY: Oak Ridge Cemetery
23d. LOCATION (City, town, or county) (State): Kennett, Mo.

24. FUNERAL DIRECTOR ADDRESS: Lentz Funeral Home, Kennett, Mo.
25. DATE RECD. BY LOCAL REG.: 7-17-61
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

SEP 15 1961

APR 3 1962

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.