

MISSOURI DIVISION OF HEALTH AND WELFARE - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029419

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4273

AMENDED

FILED SEP 8 1961

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 48 Years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 117 W. 67th Terrace		d. STREET ADDRESS (If outside, give location) 117 W. 67th Terrace	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) HERALD S. LANDON			4. DATE OF DEATH Month Aug. Day 25 Year 1961		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-7-1892	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner - Landon Research Laboratories	10b. KIND OF BUSINESS OR INDUSTRY Laboratories	11. BIRTHPLACE (City and state or country) Penn Yan, New York	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Charles W. Landon	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Tesla E. Landon
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I	17. INFORMANT Mrs. Tesla E. Landon Address Kansas City, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of liver DUE TO (b) metastatic carcinoma of colon DUE TO (c) of colon Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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.)
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20c. TIME OF INJURY Hour 5:30 a.m. 17 Month, Day, Year 1961	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 Kansas City, Mo. COUNTY Jackson STATE Missouri
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21. I attended the deceased from **July 17, 1961** to **Aug 24, 1961** and last saw him alive on **Aug 17, 1961**.
Death occurred at **5:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hubert W. Landon M.D. (Degree or title)	22b. ADDRESS 1020 W 69th St. Kansas City, Mo.	22c. DATE SIGNED 8/28/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-28-61	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	23d. LOCATION (City, town, or county) Kansas City, Mo. (State)
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24. FUNERAL DIRECTOR Freeman Mortuary ADDRESS Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 8-28-61	26. REGISTRAR'S SIGNATURE Ruth Long
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF **Hubert S. Valenciano** MEDICAL CERTIFICATION

1020 W. 69
Hi. 4-5849

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address K. C. 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.