MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-000831
STATE FILE NUMBER

AMENDED

Registration District No. 77 FILED JAN 16 1962 Primary Registration District No. 3016 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City — Length of stay in 1b: Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 212 East Cedar Street — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 212 East Cedar Street — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Iva — Middle: Elmer — Last: Landrum

4. DATE OF DEATH: Month: January — Day: 7 — Year: 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 10-13-1883
9. AGE (last birthday): 78 — 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): Retired Railroader
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): Elston, Missouri
12. CITIZEN OF WHAT COUNTRY: American

13a. FATHER'S NAME: Lewis Landrum
13b. MOTHER'S MAIDEN NAME: Wilhite
14. NAME OF HUSBAND OR WIFE: Bessie Ralston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Mrs. Bessie Landrum — Address:

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: ?
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 Nov. '61, to Jan 7, '62 and last saw ~~her~~ him alive on Jan 4, '62
Death occurred at 7:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. L. Loyd, M.D.
22b. ADDRESS: Jeff. City, Mo.
22c. DATE SIGNED: 1-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: January 10, 1962
23c. NAME OF CEMETERY OR CREMATORY: Elston
23d. LOCATION (City, town, or county) (State): Elston, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Tanner Funeral Home Inc. 700 Jefferson
25. DATE RECD. BY LOCAL REG.: 12 January 1962
26. REGISTRAR'S SIGNATURE: R.P. Harris, Mr. N. Richter Dep

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. — SHOULD READ — INSTEAD OF — DATE AMEN — BY AFFIDAVIT OF — DOCUMENT

MEDICAL CERTIFICATION

JAN 26 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 Omer Edward Jones

Licensed Embalmer No. 4411

P. O. Address Belle 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.