

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-009728

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 101

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 10 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Adair County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP OR TOWN) <u>Kirksville</u> Length of stay in 1b		c. CITY OR TOWN <u>KIRKSVILLE Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>608 N. FRANKLIN</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Nursing Home #1</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		3. NAME OF DECEASED (Type or print) First <u>Eugene</u> Middle <u>C</u> Last <u>Landis</u>	
4. DATE OF DEATH Month <u>March</u> Day <u>28</u> Year <u>1962</u>	5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
8. DATE OF BIRTH <u>3-26-1915</u>	9. AGE (last birthday) <u>47</u>	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) <u>Receiving Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mail Order</u>	11. BIRTHPLACE (City and state or country) <u>Danville Ill</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Landis</u>	
13b. MOTHER'S MAIDEN NAME <u>Viola</u>		14. NAME OF HUSBAND OR WIFE <u>Chair house</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>MRS F. C. Landis</u> Address <u>608 N. FRANKLIN KIRKSVILLE Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cachexia of Debilitation</u> <u>weeks</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinomatosis</u> <u>months</u> DUE TO (c) <u>Adenocarcinoma of Esophagus</u> <u>months</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
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	
21. I attended the deceased from <u>1-24-62</u> to <u>3-28-62</u> and last saw him alive on <u>March 27, 1962</u> Death occurred at <u>11:58</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Georgette Scheuren D.O.</u>		22b. ADDRESS <u>Kirksville</u>	
22c. DATE SIGNED <u>3-29-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>3-31-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St. Aloysius Cemetery</u>		23d. LOCATION (City, town, or county) <u>Barling Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>KRIEGERHAUSER BROS. Edina Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4-2-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Noris W. Rathoff</u>			

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued March 28, 1962

GEORGE H. SCHEURER, D.O.

APR 12 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 Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address Edina 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.