

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014982

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 90

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 16 1962

1. PLACE OF DEATH
 a. COUNTY Henry
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton Length of stay in lb 8yr
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Henry
 c. CITY OR TOWN Clinton Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Central Hotel Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Joseph Lewis Land
 4. DATE OF DEATH Month Day Year April 6, 1962
 5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 10-14-1875 9. AGE (last birthday) 86 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired
 10b. KIND OF BUSINESS OR INDUSTRY heating & Plumbing
 11. BIRTHPLACE (City and state or country) Clinton Mo.
 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME Charles Land 13b. MOTHER'S MAIDEN NAME Henretta 14. NAME OF HUSBAND OR WIFE Loueria Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
 17. INFORMANT Address Mrs. Zelpha Lytle, Mission, Kansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Hypostatic pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 days
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic myocarditis & decompensation 30 days
 DUE TO (c) Measles 10 days

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
 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 3/28/62 to 4/6/62 and last saw him alive on 4/6/62
 Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. R.S. Hallinger M.D. 22b. ADDRESS Clinton Mo. 22c. DATE SIGNED 4/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-9-62 23c. NAME OF CEMETERY OR CREMATORY Laurel Oak 23d. LOCATION (City, town, or county) (State) Windsor Mo.

24. FUNERAL DIRECTOR ADDRESS Ellis M. Huston, Windsor, Mo. 25. DATE RECD. BY LOCAL REG. April 9, 1962 26. REGISTRAR'S SIGNATURE Mildred Bigman

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

APR 17 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 *E. W. Houston*

Licensed Embalmer No. 3391

P. O. Address *Windsor 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.

Permit Obtained 4/19/62 MB