

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019516

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 985 Primary Registration District No. 9039 Registrar's No. 90

FILED MAY 18 1962

VS 300 Rev. 4/59

10581
20591

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124-0

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY Linn
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marceline Length of stay in lb 36 dp.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp. Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY Linn
 c. CITY OR TOWN Marceline Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 510 W. Lake Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Stephen Albert Landreth May 5, 1962

5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 10/29/1876 9. AGE (last birthday) 85 IF UNDER 1 YEAR Months 6 Days 10 IF UNDER 24 HR Hours 10 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal dealer 10b. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE (City and state or country) Linn, Co. Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME P. F. 13b. MOTHER'S MAIDEN NAME Orena Lineberry 14. NAME OF HUSBAND OR WIFE (dec)

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. none 17. INFORMANT Address Ben Landreth Marceline, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral Thrombosis, multiple progressive
 DUE TO (b) Arteriosclerotic Cardio-Vascular Disease
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma Prostate
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes N. 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 _____ 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 1950 to 5-5-62 and last saw her/him alive on 5-5-62. Death occurred at 2:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS Marceline Mo. 22c. DATE SIGNED 5-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify) R 23b. DATE 5/7/1962 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet 23d. LOCATION (City, town, or county) (State) Marceline, Mo

24. FUNERAL DIRECTOR ADDRESS James McLaughlin Marceline, Mo 25. DATE RECD. BY LOCAL REG. 5-7-62 26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

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 Gerald I Wady

Licensed Embalmer No. 4172

P. O. Address Browning

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.