

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025679

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 325 Primary Registration District No. 4480 Registrar's No. 65

FILED JUL 2 1962

VS 300
Rev. 4/59

1 0980

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Greentop</u> Length of stay in 1b		c. CITY OR TOWN <u>Unionville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Haven of Rest Nursing Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Anna</u> Middle <u>Ruth</u> Last <u>LANDISER</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>20</u> Year <u>'62</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>w</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-1-1873</u>
9. AGE (last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>19</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Iowa</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Mace Crawford</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Roop</u>		14. NAME OF HUSBAND OR WIFE	
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 Address <u>Earl McCallan Unionville, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Urgent poisoning of arteries & veins & hypertension</u> DUE TO (b) <u>arteriosclerosis & hypertension</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic degenerative atherosclerosis</u> PART III. If deceased was female was there a pregnancy in last 90 days. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>			INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>
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 (If not related to PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>April 6-62</u> to <u>June 20-62</u> and last saw her alive on <u>June 19-62</u> . Death occurred at <u>June 20 530 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Chas L. Gullbrun</u>		22b. ADDRESS <u>Unionville Mo</u>	22c. DATE SIGNED <u>6/20/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal & Burial</u>		23b. DATE <u>June 23 '62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHN CEMETERY</u>
23d. LOCATION (City, town, or county) <u>Putnam Co.</u>		23e. STATE <u>Mo</u>	
24. FUNERAL DIRECTOR <u>F.O. Wusted - Son</u>		25. ADDRESS <u>Unionville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>June 23, 1962</u>
26. REGISTRAR'S SIGNATURE <u>L. Lawrence Shepherd</u>			

USE BLACK INK OR TYPEWRITER RIBBON

Permit obtained June 27, 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 [Signature]

Licensed Embalmer No. 3792

P. O. Address Waco TX

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.