

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **62-039671**

Registration District No. **273** Primary Registration District No. **3051** Registrar's No. **154**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

**0795**  
**2795**

3

4 **0**

5 **2**

6

7 **0**

8 **2**

**92040**

10

11

12 **90-0**

13 **1-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Perryville Mo.</b>		Length of stay in 1b <b>5 Years</b>	c. CITY OR TOWN <b>Perryville</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1116 W. St. Maries</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1116 W. St. Maries</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Ross</b> Middle <b>Vanlandingham</b> Last <b>Vanlandingham</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>25</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 28, 1884</b>
9. AGE (last birthday) <b>78</b>		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) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Thompson Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Thomas Vanlandingham</b>	
13b. MOTHER'S MAIDEN NAME <b>Laura Threlkeld</b>		14. NAME OF HUSBAND OR WIFE <b>Francis Williams</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Wm. A. Perkins</b> Address <b>1116 W. St. Maries Perryville Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Retroperitoneal Hemorrhage of lisc area</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Mesenteric Lymphadenopathy</b> DUE TO (c) <b>Chronic Lymphocytic Leukemia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b> <b>1 year</b> <b>2 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (or not related to the terminal disease condition given in PART I (a)) <b>Generalized Arteriosclerosis</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 _____ e.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 <b>1958</b> to <b>Oct. 24, 1962</b> and last saw him alive on <b>10/24/62</b> Death occurred at <b>2 A.M.</b> <b>10/25/62</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>A. E. McDermott, MD</b>		22b. ADDRESS <b>Perryville, Mo.</b>	22c. DATE SIGNED <b>10/25/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10-25-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Anteock Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Monroe Co. Mo</b>
24. FUNERAL DIRECTOR <b>Young Sons</b> ADDRESS <b>Perryville Mo</b>		25. DATE RECD. BY LOCAL REG. <b>10-25-62</b>	26. REGISTRAR'S SIGNATURE <b>Joe J. Zeller</b>

(Licensed Embalmer's Statement on Reverse Side)

**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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, 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.

Involved