

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0010392

STATE FILE NUMBER

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

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0425

2 0425

3

4 1

5 2

6

7 0

8 9

9 331x

10

11

12 902

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

MRFILLED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. CITY (If outside corporate limits, give TOWNSHIP only) Clinton			b. LENGTH OF STAY IN 1b years			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Henry			c. CITY OR TOWN Clinton			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 513 E. Ohio St.						Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			d. STREET ADDRESS (If outside, give location) 513 E. Ohio St.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last LILLIE MAE LANDAKER						4. DATE OF DEATH Month Day Year March 21, 1964								
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/15/85		9. AGE (last birthday) 78		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) At home				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Henry Co. Mo.			12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Stephen Snodgrass				13b. MOTHER'S MAIDEN NAME Wilmot Tims				14. NAME OF HUSBAND OR WIFE Deceased Walter E. Landaker						
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 Chester Landaker, Los Vegas, Nev								
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 vascular accident										INTERVAL BETWEEN ONSET AND DEATH 1 hr				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) Arterial sclerosis generalized						10 yrs.				
				DUE TO (c)										
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. <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 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 1959 to death and last saw her alive on Jan 1963 . Death occurred at exact time unknown m on the date stated above, and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE (Degree or title) Carol K. Wetzelsch						22b. ADDRESS Clinton Mo.			22c. DATE SIGNED 2-25-64					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar 26, 64		23c. NAME OF CEMETERY OR CREMATORY Englewood		23d. LOCATION (City, town, or county) Clinton, Mo.		(State)						
24. FUNERAL DIRECTOR Consalus, Clinton, Missouri				25. DATE RECD. BY LOCAL REG. Mar. 26, 1964		26. REGISTRAR'S SIGNATURE Mildred Biggers								

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 Eugene R. Consalus

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.