

FILED JUL 22 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER 69 0028353

## CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUBVS 300  
Rev. 1/68Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 213

9. 0  
10a. 61  
10b. 90  
11. 0  
12. 2  
13. 4109  
14. 6.0425  
15. 4  
16. 2  
17. 2  
18. 2  
19. CREDITS  
20. 1-0

4. 04255. 90

## DECEASED

USUAL RESIDENCE  
WHERE DECEASED  
LIVED. IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.6. 0425

## PARENTS

## CAUSE

## CERTIFIER

## BURIAL

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

|  |  |  |  |   |   |  |
|--|--|--|--|---|---|--|
| DECEASED—NAME FIRST MIDDLE LAST  |  |  | SEX  | DATE OF DEATH (MONTH, DAY, YEAR)  |   |  |
| 1. <u>Charles William LANDES</u>   |  |  | 7. <u>Male</u>   | 3. <u>July 12, 1969</u>   |   |  |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)   |  | AGE—LAST BIRTHDAY (YEARS)  | UNDER 1 YEAR MOS. DAYS   | DATE OF BIRTH (MONTH, DAY, YEAR)  | COUNTY OF DEATH   |  |
| 4. <u>White</u>  |  | 5a. <u>61</u>  | 5b. <u></u>  | 6. <u>Nov 9, 1907</u>   | 7a. <u>Henry</u>  |  |
| CITY, TOWN, OR LOCATION OF DEATH   |  |  | INSIDE CITY LIMITS (SPECIFY YES OR NO)                                     | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) |   |  |
| 7b. <u>Clinton</u>   |  |  | 7c. <u>Yes</u>   | 7d. <u>312 N. 6th Street</u>  |   |  |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)  |  | CITIZEN OF WHAT COUNTRY  |  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)                           |   | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) |
| 8. <u>Missouri</u>   |  | 9. <u>USA</u>  |  | 10. <u>Widowed</u>  |   | 11. <u>None</u>                              |
| SOCIAL SECURITY NUMBER   |  | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) |  | KIND OF BUSINESS OR INDUSTRY  |   |  |
| 12. <u>444-10-0579</u>   |  | 13a. <u>Laborer</u>  |  | 13b. <u>Grain Elevator</u>  |   |  |
| RESIDENCE—STATE  |  | COUNTY   | CITY, TOWN, OR LOCATION  |   | INSIDE CITY LIMITS (SPECIFY YES OR NO)  | STREET AND NUMBER                            |
| 14a. <u>Mo.</u>  |  | 14b. <u>Henry</u>  | 14c. <u>Clinton</u>  |   | 14d. <u>Yes</u>   | 14e. <u>312 N. 6th Street</u>                |
| FATHER—NAME FIRST MIDDLE LAST  |  |  | MOTHER—MAIDEN NAME FIRST MIDDLE LAST                                       |   |   |  |
| 15. <u>Willie "J" Landes</u>   |  |  | 16. <u>Ethel Pearl Nida</u>  |   |   |  |
| INFORMANT—NAME   |  |  | MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN, STATE, ZIP)            |   |   |  |
| 17a. <u>Evelyn Landes</u>  |  |  | 17b. <u>312 N. 6th St. Clinton, Mo. 64735</u>                              |   |   |  |
| PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]   |  |  |  |   |   | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 18. IMMEDIATE CAUSE  |  |  |  |   |   |  |
| (a) <u>Cardiac Arrest</u>  |  |  |  |   |   | <u>Seconds</u>                               |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |  |  |   |   |  |
| (b) <u>Acute Coronary Artery Occlusion</u>   |  |  |  |   |   | <u>Seconds</u>                               |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |  |  |   |   |  |
| (c) <u>Coronary Artery Heart Disease</u>   |  |  |  |   |   | <u>3 years</u>                               |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)   |  |  |  |   |   | AUTOPSY (YES OR NO)<br>19a. <u>No</u>        |
| IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH<br>19b. <u></u>  |  |  |  |   |   |  |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)   | DATE OF INJURY (MONTH, DAY, YEAR)  | HOUR   | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) |   |   |  |
| 20a. <u></u>   | 20b. <u></u>   | 20c. <u></u>   | 20d. <u></u>   |   |   |  |
| INJURY AT WORK (SPECIFY YES OR NO)   | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | LOCATION   | (STREET OR R.F.D. NO., CITY OR TOWN, STATE)                                |   |   |  |
| 20e. <u></u>   | 20f. <u></u>   | 20g. <u></u>   | 20h. <u></u>   |   |   |  |
| CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM  | MONTH DAY YEAR   | MONTH DAY YEAR   | AND LAST SAW HIM/HER ALIVE ON  | I DID/DID NOT VIEW THE BODY AFTER DEATH.                                      | DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. |  |
| 21a. <u>May 1960</u>   | 21b. <u>7-12-69</u>  | 21c. <u>7-11-69</u>  | 21d. <u>Dead</u>   | 21e. <u>1:45 pm</u>   | 21f. <u></u>  |  |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. |  |  | HOUR OF DEATH  | THE DECEDENT WAS PRONOUNCED DEAD  |   |  |
| 22a. <u></u>   |  |  | 22b. <u></u>   | 22c. <u></u>  |   |  |
| CERTIFIER—NAME (TYPE OR PRINT)   |  |  | SIGNATURE  | DEGREE OR TITLE   | DATE SIGNED (MONTH, DAY, YEAR)  |  |
| 23a. <u>Clinton L. Glaspy</u>  |  |  | 23b. <u>Clinton L. Glaspy</u>  | 23c. <u>MD</u>  | 23d. <u>7-15-69</u>   |  |
| MAILING ADDRESS—CERTIFIER  |  |  | STREET OR R.F.D. NO.   | CITY OR TOWN  | STATE   | ZIP  |
| 23a. <u></u>   |  |  | 23b. <u>105 E. Ohio</u>  | 23c. <u>Clinton</u>   | 23d. <u>Mo</u>  | 23e. <u>64735</u>                            |
| BURIAL, CREMATION, REMOVAL (SPECIFY)   |  | CEMETERY OR CREMATORY—NAME   |  | LOCATION CITY OR TOWN STATE   |   |  |
| 24a. <u>Burial</u>   |  | 24b. <u>Englewood</u>  |  | 24c. <u>Clinton, Missouri</u>   |   |  |
| DATE (MONTH, DAY, YEAR)  |  | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)         |  |   |   |  |
| 24d. <u>July 16, 1969</u>  |  | 24e. <u>Consalus Funeral Home, 209 S. 2nd Clinton, Mo. 64735</u>                       |  |   |   |  |
| FUNERAL DIRECTOR—SIGNATURE   |  |  | REGISTRAR—SIGNATURE  |   | DATE RECEIVED BY LOCAL REGISTRAR  |  |
| 25a. <u>E. R. Consalus</u>   |  |  | 25b. <u>Mildred Bigum</u>  |   | 25c. <u>July 13, 1969</u>   |  |

SEP 12 1969

JUL 9 9 1969

Permit obtained 7-15-69

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. Consalvo

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.