

FILED MAY 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11453**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **62**

1. PLACE OF DEATH
 a. COUNTY **ANDRAN**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **MEXICO**
 c. LENGTH OF STAY (in this place) **17MO.**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **1010 WEST ST**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **MO** b. COUNTY **MONROE**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **PARIS 0690**
 d. STREET ADDRESS (If rural, give location) **COOPER, AVE, 1**

3. NAME OF DECEASED
 a. (First) **MARY** b. (Middle) **MARTHA** c. (Last) **VANLANDINGHAM**
 4. DATE OF DEATH (Month) (Day) (Year) **MAY 4th 1951**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **FEB 2, 1863** 9. AGE (in years last birthday) **88** 3 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY **OWN HOME** 11. BIRTHPLACE (State or foreign country) **MISSOURI** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **TANDY HILL** 13b. MOTHER'S MAIDEN NAME **SUSAN VANZANT** 14. NAME OF HUSBAND OR WIFE **GEO. W. VANLANDINGHAM**

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. **Anna Maye Bonsell** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **MEXICO, MO.**

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Cardio Nephritis**
 ANTECEDENT CAUSES **Arteriosclerosis**
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Arteriosclerosis**
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **442X** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **9-13, 1950**, to **2-5, 1951**, that I last saw the deceased alive on **2-5, 1951**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Anna Maye Bonsell** (Degree or title) _____ 23b. ADDRESS _____ 23c. DATE SIGNED **MAY 4th 1951**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **MAY 4, 1951** 24c. NAME OF CEMETERY OR CREMATORY **WALNUT GROVE** 24d. LOCATION (City, town, or county) (State) **PARIS, MISSOURI**

DATE REC'D BY LOCAL REG. **May 4-1951** REGISTRAR'S SIGNATURE **Blanche Neely** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Speed-Blakey, PARIS, MO.**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: MAY 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-57-850
Date Filed: MAY 8 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *E. B. Blakey*

Signed.....
Student Embalmer

Licensed Embalmer No. *2616*

P. O. Address.....
Paris, Missouri

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 this body is not embalmed, fact should be so stated above.