

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12855

FILED MAY 16 1955

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>5925</u>		Registrar's No. <u>132</u>			
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived? If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Sedalia (Rural)</u> )		c. LENGTH OF STAY (In this place) <u>25yrs</u>		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Sedalia</u> )		d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 3</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mis. of LaMonte</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 3</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kate</u>			b. (Middle) <u>Eulala</u>		c. (Last) <u>Landis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 7 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4-29-1891</u>		9. AGE (In years last birthday) <u>64</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 <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Robert M. Scotten</u>			13b. MOTHER'S MAIDEN NAME <u>Kate Smith</u>			14. NAME OF HUSBAND OR WIFE <u>George Landis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Landis</u>				ADDRESS <u>R.F.D. # 3</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Over work in garden same day</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia #3 Pettis Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>May 6, 1955</u> , to <u>May 7, 1955</u> , that I last saw the deceased alive on <u>May 6, 1955</u> , and that death occurred at <u>10P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>H.E. Walker M.D.</u>				23b. ADDRESS <u>LaMonte Mo</u>			23c. DATE SIGNED <u>5-8-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-10-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LaMonte Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>LaMonte Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-10-55</u>		REGISTRAR'S SIGNATURE <u>Lavinia Coontz Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Moore</u>		ADDRESS <u>LaMonte Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

800  
1

0800  
Elk Fork  
Twp.

MAY 20 1958

DEC 20 1958

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 \_\_\_\_\_  
Student Embalmer

Signed Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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 this body is not embalmed, fact should be so stated above.