

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2424**

FILED FEB 5 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. <sup>297</sup> **4448** PRIMARY REG. DIST. NO. **6024** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY OR TOWN <b>Lansdown</b>	c. LENGTH OF STAY (in this place) <b>14 yrs</b>	c. CITY OR TOWN <b>Lansdown</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>If not stated</b>		STREET ADDRESS (If rural, give location) <b>0890</b>	

3. NAME OF DECEASED (Type or Print) <b>LEOMA</b>	a. (First)	b. (Middle)	c. (Last) <b>STOCKTON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 26 1957</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Unmarried</b>	8. DATE OF BIRTH <b>Dec. 23 18 69</b>	9. AGE (In years) (Last birthday) <b>87</b>	if UNDER 1 YEAR Months <b>1</b>	if UNDER 24 HRS. Days <b>3</b> Hours <b>3</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Almira Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Wm McCallough</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Jane Luther</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>W. D. Crowley</b>	ADDRESS <b>Lansdown Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senile Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senile Arteriosclerosis</b>		<b>10 yrs</b>
	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	20. AUTOPSY? <b>Y</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>Lansdown Ray Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1946**, to **Jan 26, 1957**, that I last saw the deceased alive on **Jan 15, 1957**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Walter E. Buehner M.D.</b> (Degree or title)	23b. ADDRESS <b>Lansdown Mo.</b>	23c. DATE SIGNED <b>1/28/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 28 '57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lansdown Cemetery Lansdown Mo</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>Feb. 2-1957</b>	REGISTRAR'S SIGNATURE <b>Malcol Jackson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jarman Prichard</b>	ADDRESS <b>Lansdown Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Lindus Jarman*.....

Licensed Embalmer No. *4589*

*Excelsior Springs, Mo.*  
P. O. Address.....

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.