

FILED OCT 28 1957

THE DIVISION OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36565

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Brookfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Brookfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctor's Hospital</u>			Length of stay in lb <u>1 day</u>		d. STREET ADDRESS (If outside, give location) <u>533 Elliott</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) <u>Cecil Dale Vanlandingham</u>				4. DATE OF DEATH <u>Oct 23, 1957</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 28, 1903</u>		9. AGE (In years last birthday) <u>54</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>26</u>		11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>		11. BIRTHPLACE (City and state or country) <u>Woodward County, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					
13. FATHER'S NAME <u>Frank Vanlandingham</u>				14. MOTHER'S MAIDEN NAME <u>Eliza Jane Dusky</u>									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes</u> <u>WWI</u>			16. SOCIAL SECURITY NO. <u>487-01-4974</u>		17. INFORMANT <u>Mrs. Beulah Vanlandingham, Brookfield, Mo</u>								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Anoxia (edema both lungs)</u>										INTERVAL BETWEEN ONSET AND DEATH <u>19 hrs.</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation (Congestive failure)</u>										<u>15 yrs.</u>			
DUE TO (c) <u>Generalized debility, advanced Cardiac</u>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Renal, Hepatic Syndrome.</u>										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 <u></u> Month, Day, Year a. m. p. m.													
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.) <u>53</u>			20f. CITY, TOWN, OR LOCATION <u>Brookfield, Mo</u>			COUNTY <u>Linn</u>			STATE <u>Missouri</u>	
21. I attended the deceased from <u>December 11/57</u> to <u>Oct 23/57</u> and last saw <u>him</u> alive on <u>Oct. 23/57</u> Death occurred at <u>7:01 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>John W. White, D. O.</u>						22b. ADDRESS <u>Brookfield, Mo</u>			22c. DATE SIGNED <u>10/23/57</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE <u>Oct. 25, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bear Branch Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Linn County, Missouri</u>					
24. FUNERAL DIRECTOR <u>J. W. Blacklock, Brookfield, Mo.</u>					25. DATE RECD. BY LOCAL REG. <u>10/25/57</u>		26. REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>						

DEC 27 1962

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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 *Gerald T. Wade*

Licensed Embalmer No. *417*

P. O. Address *Brown*

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.