

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-042025

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 138

VS 300
Rev. 4/59

1-0003

2-0032

3

4 1

5 1

6

7 1

8 2

9420.1

10

11

1290-3

13-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

<p>FILED NOV 26 1962</p> <p>1. COUNTY <u>CLAY</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>CLAY</u></p>				
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LIBERTY</u></p>		<p>Length of stay in 1b <u>2 DAYS</u></p>	<p>c. CITY OR TOWN <u>LIBERTY</u></p>	<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		
<p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>103 MOSS</u></p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>d. STREET ADDRESS (If outside, give location) <u>103 MOSS</u></p>	<p>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>EMMA J. VANLANDINGHAM</u></p>			<p>4. DATE OF DEATH Month Day Year <u>NOV. 17, 1962</u></p>			
<p>5. SEX <u>FEMALE</u></p>	<p>6. COLOR OR RACE <u>WHITE</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>11-18-1893</u></p>	<p>9. AGE (last birthday) <u>68</u></p>	<p>IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>	<p>11. BIRTHPLACE (City and state or country) <u>TEXARKANA, TEXAS</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>		
<p>13a. FATHER'S NAME <u>JOHN H. MOFFETT</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>SCOTT</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>MATT T. VANLANDINGHAM</u></p>		
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)</p>		<p>16. SOCIAL SECURITY NO. <u>NONE</u></p>	<p>17. INFORMANT <u>HUSBAND</u></p>	<p>Address <u>103 MOSS, Liberty, Mo.</u></p>		
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>APPARENT CORONARY OCCLUSION, ACUTE</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p style="text-align: right;">INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</u></p>						
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>PAST HISTORY OF ATRIOVENTRICULAR FIBRILLATIONS</u></p>				<p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>		
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>NATURAL DEATH</u></p>				
<p>20c. TIME OF INJURY Hour <u>9:15</u> p.m. Month, Day, Year <u>Nov. 17 '62</u></p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u></p>	<p>20f. CITY, TOWN, OR LOCATION <u>Liberty</u></p>	<p>COUNTY <u>Clay</u></p>	<p>STATE- <u>Mo</u></p>
<p>21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>9:15 PM.</u> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.</p>						
<p>22a. SIGNATURE (Degree or title) <u>Donald L. Seneka, Acting Coroner</u></p>			<p>22b. ADDRESS <u>Clay Co. Sheriff's Office, Liberty, Mo.</u></p>		<p>22c. DATE SIGNED <u>Nov. 17 '62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>11-20-1962</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Barry Cemetery</u></p>	<p>23d. LOCATION (City, town, or country) (State) <u>Clay County Mo.</u></p>			
<p>24. FUNERAL DIRECTOR <u>Pasley Funeral Home Liberty, Mo</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>11-23-62</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Mabel Graham</u></p>			

MAR 21 1963

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 John Parley

Licensed Embalmer No. 4305

P. O. Address Liberty, 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.