

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

29710

State File No. _____

FILED OCT 14 1949

No. 300
10-48

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

BIRTH NO. _____		REG. DIST. NO. <u>76</u>		PRIMARY REG. DIST. NO. <u>5302</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY OR TOWN <u>Eugene Rural Clark</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eugene Rural Clark</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>Eugene Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MILTON</u> b. (Middle) <u>WALLER</u> c. (Last) <u>LANSDOWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-6-1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>Feb 1st 1870</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Iberia MO.</u>		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <u>G. W. Lansdown</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Lansdown</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Lansdown Eugene</u> ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coagulated Hemorrhage</u> ANTECEDENT CAUSES <u>As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>107 Minutes</u>
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							5391
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <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>April</u> , 1949, to <u>Oct 6</u> , 1949, that I last saw the deceased alive on <u>Oct 5</u> , 1949, and that death occurred at <u>2:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. E. Humphrey D.O.</u>				23b. ADDRESS <u>Columbia, Mo</u>		23c. DATE SIGNED <u>10-7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 8-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Californisa, Mo.</u>	
DATE REC'D BY LOCAL REG <u>Oct. 7-1949</u>		REGISTRAR'S SIGNATURE <u>Mr. J. L. Glou</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Steffens</u> ADDRESS <u>Russell Mo.</u>			

District File Number _____

District Health Officer No. 9,

RECEIVED
OCT 11 1949

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 *G. M. Stephens*

Licensed Embalmer No. *2307*

P. O. Address *Russellville 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.