

FILED JUN 9 1949

STANDARD CERTIFICATE OF DEATH

Certificate No. 15657

BIRTH NO.		REG. DIST. NO. 137	PRIMARY REG. DIST. NO. 4218	Registrar's No. 142
1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Henry
b. CITY (If outside corporate limits, write RURAL and give township) Windsor		c. CITY (If outside corporate limits, write RURAL and give township) Windsor		
c. LENGTH OF STAY (in this place) 69 yrs		d. STREET ADDRESS (If rural, give location) 205 N. Commercial		
d. FULL NAME OF HOSPITAL OR INSTITUTION 205 N. Commercial		e. STREET ADDRESS 205 N. Commercial		
3. NAME OF DECEASED (Type or Print) a. (First) Priscilla		b. (Middle) Lee		c. (Last) Ladd
4. DATE OF DEATH (Month) (Day) (Year) May 31 1949		5. SEX Female		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 13, 1864		9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Benton County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Alexander McIntyre		13b. MOTHER'S MAIDEN NAME Mary Boyd
14. NAME OF HUSBAND OR WIFE J. Henry Ladd		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Miss Mary Ladd, Windsor, Missouri		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. INTERVAL BETWEEN ONSET AND DEATH 7 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary embolism		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4331		
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 May 19, 1949 , to May 27, 1949 , that I last saw the deceased alive on May 20, 1949 , and that death occurred at 10:00 AM from the causes and on the date stated above.				
23a. SIGNATURE H. Jennings, M.D.		23b. ADDRESS Windsor, Mo.		23c. DATE SIGNED 6-1-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-2-49		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak
24d. LOCATION (City, town, or county) (State) Windsor, Missouri		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 6-2-49 Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE Huston Turner, Windsor, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No.

District File Number 549

Date Filed 6-8-69

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

William M. Turner

Licensed Embalmer No.

4648

P. O. Address

Hindses, 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.