

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26038

State File No. ....

FILED AUG 29 1951

BIRTH NO. <u>59219-51</u>		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>280</u>			
1. PLACE OF DEATH a. COUNTY <u>Adair</u> <u>0015</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grim-Smith Memorial</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u> <u>0013</u> d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD</u> b. (Middle) <u>FREDERICK</u> c. (Last) <u>Ladwig</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Aug. 23, 1951</u>		9. AGE (In years last birthday) <u>6</u> <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			
11. BIRTHPLACE (State or foreign country) <u>Kirksville, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Herman Ladwig</u>		13b. MOTHER'S MAIDEN NAME <u>Frances June Hart</u>			
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herman Ladwig, Queen City, Mo</u>			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Polycystic Kidneys, Bilateral</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>New born. Massive edema and respiratory failure.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 hr 58 min</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7571			
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>Aug 23, 1951</u> , to <u>Aug 23, 1951</u> , that I last saw the deceased alive on <u>Aug 23, 1951</u> , and that death occurred at <u>3:00 a.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>			
23b. ADDRESS <u>Kirksville, Missouri</u>		23c. DATE SIGNED <u>8/23/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8/24/51</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>St. Madison</u>		24d. LOCATION (City, town, or county) (State) <u>Adair Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>8-24-51</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Kirksville, Mo.</u>		(Licensed Embalmer's Statement on Reverse Side)					

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

Date Received: **AUG 28 1951**  
DISTRICT HEALTH OFFICE #2  
District File Number *851-1523*  
Date Filed: **AUG 28 1951**

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*John E. Cooper*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4119*

P. O. Address *Stirkville, 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.