

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27079**

FILED SEP 15 1952
BIRTH NO. **48275** REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **4025** Registrar's No. **100**

1. PLACE OF DEATH a. COUNTY BARRY 0050		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY BARRY 1-5c	
b. CITY (If outside corporate limits, write RURAL and give township) Wheaton		c. CITY (If outside corporate limits, write RURAL and give township) Wheaton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheaton Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) LARRY b. (Middle) Louis c. (Last) Ladd			4. DATE OF DEATH (Month) (Day) (Year) 9 2 52		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH 9-2-1952		9. AGE (In years last birthday) 0 0 0 3		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	
10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Wheaton Mo		12. CITIZENSHIP OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME DATON Ladd		13b. MOTHER'S MAIDEN NAME Ruby Burris		14. NAME OF HUSBAND OR WIFE None	
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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 ADDRESS DAYTON Ladd, Exeter Mo.	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Blocked major bronchi DUE TO (c) Aspiration of heavy mucus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Constriction of chord in birth equal - Initial resp. induced				INTERVAL BETWEEN ONSET AND DEATH 30 min. 40 min. 2hr. 40 min.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7620		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **9/2**, 1952, to **9/2**, 1952, that I last saw the deceased alive on **9/2**, 1952, and that death occurred at **11:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Fred R. Clark M.D.		23b. ADDRESS Wheaton, Missouri		23c. DATE SIGNED 9/5/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-3-1952		24c. NAME OF CEMETERY OR CREMATORY Chitwood Cemetery, Wheaton Mo		24d. LOCATION (City, town, or county) (State) Wheaton Mo	
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DATE REC'D BY LOCAL REG. 9-8-1952		REGISTRAR'S SIGNATURE Grace Williams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm Marcus Tigue Wheaton, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. _____

P. O. Address _____

No Embalming

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.