

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4523

FILED JAN 19 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 667 Registrar's No. 1

5. No. 300
v. 10.48

1040
1

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

1. PLACE OF DEATH a. COUNTY <u>STONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STONE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" UNION</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" UNION 1040</u>	
c. LENGTH OF STAY (In this place) <u>38 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>RT. # 1, BILLINGS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT. # 1, BILLINGS (Home)</u>		e. STREET ADDRESS (If rural, give location) <u>RT. # 1, BILLINGS</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WLOYD</u>	b. (Middle) <u>EDWARD</u>	c. (Last) <u>LETTS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 3 - 1953</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>APRIL 12 - 1902</u>	9. AGE (In years last birthday) <u>50</u>	# UNDER 1 YEAR Months <u>8</u> Days <u>22</u>	# UNDER 24 HRS. Hours <u></u> Min. <u></u>
-----------------------	----------------------------------	--	--	---	--	---

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 <u>GEN. FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CHRISTIAN CO., MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
--	--	--	---

13a. FATHER'S NAME <u>JAMES LETTS</u>	13b. MOTHER'S MAIDEN NAME <u>FANNIE EARNHART</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. FANNIE LETTS, RT. # 1, BILLINGS, MO.</u>	ADDRESS <u>RT. # 1, BILLINGS, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u> <u>5</u> <u>8 years</u> <u>10 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) <u>Bronchitis, Chronic</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>241X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 29 October, 1951, to 3 January, 1953, that I last saw the deceased alive on 3 January 1953, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>O. W. Ramsey M.D.</u>	(Degree or title)	23b. ADDRESS <u>Marionville, Mo.</u>	23c. DATE SIGNED <u>7 January 1953</u>
--	-------------------	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 5 - 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WRIGHTS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>STONE CO., MISSOURI</u>
--	-----------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Jan. 10 - 53</u>	REGISTRAR'S SIGNATURE <u>Wm. J. Elmer Brossard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris, Clever, Mo.</u>	ADDRESS <u>Clever, Mo.</u>
---	---	--	-------------------------------

per Lena Murray (Licensed Embalmer's Statement on Reverse Side)

SEP 30 1953

JAN 20 1953

MON 7 1956

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

John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleves, 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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

4523

State of _____ }
County of _____ } ss.

State File No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. _____

On this 22nd day of September, 1953, before me appears _____

Fannie Letts, who, upon her oath, states that the original record of ~~_____~~ death
for Lloyd E. Letts, died January 3, 1953, in the State of
Missouri, and which was filed at Jefferson City on January, 1953, should be corrected as follows:

Item No. 1 b should read Hypertensive Heart Disease -- 5 years

Instead of Hypertensive Heart Disease -- 8 years

Item No. 1 c should read Bronchial Asthma, Chronic -- Unknown

Instead of Bronchial Asthma, Chronic -- 18 years

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant

O. W. Ramsey, M. D.

Relationship

Marionville, Mo.

Present Address.

Subscribed and sworn to before me this 24th day of September, 1953

My Commission expires Jan. 30, 1957 John T. Dickinson Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

