

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

20592

State File No. _____

FILED JUL 15 1953

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5004 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) Nineveh twshp.	c. LENGTH OF STAY (in this place) none	c. CITY (If outside corporate limits, write RURAL and give township) Kirksville 0013	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 mile west Kirksville on state highway 8		d. STREET ADDRESS (If rural, give location) 401 W. Scott 1	

3. NAME OF DECEASED (Type or Print) a. (First) Stella b. (Middle) Elizabeth c. (Last) Ledford		4. DATE OF DEATH (Month) (Day) (Year) July 11, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 25, 1887
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months - Days -	IF UNDER 4 WKS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME George Smith	13b. MOTHER'S MAIDEN NAME Lucy Brown	14. NAME OF HUSBAND OR WIFE George W. Ledford
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 Geo. W. Ledford 401 W. Scott, Kirksville, Mo.

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound fracture of skull and internal injuries.		19. INTERVAL BETWEEN ONSET AND DEATH 5 mins.
	ANTECEDENT CAUSES DUE TO (b) Car accident, getting off on shoulder and losing control of car.		
	DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS log entered through wight front window striking head.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway #6	21c. (CITY TOWN OR TOWNSHIP) 001 (COUNTY) Adair (STATE) Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 11, 1953 8:05	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car turned over 3 times (car accident)

22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE Robert B. Davis (Degree or title) Coroner	23b. ADDRESS Kirksville, Adair Co., Mo.	23c. DATE SIGNED 7-11-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 13, 1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery Green City, Mo.	24d. LOCATION (City, town, or county) (State) Green City, Mo.
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DATE REC'D BY LOCAL REG. 7-13-53	REGISTRAR'S SIGNATURE Kate Lambert 1-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Kent 1300, Green City, Mo.
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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

Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.