

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23711

State File No.

FILED JUL 9 - 1953

| | | | | | | | |
|---|-------------------------------|--|--|---|---|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>366</u> | | PRIMARY REG. DIST. NO. <u>6241</u> | | Registrar's No. <u>48</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Washington</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u> | | | |
| b. CITY OR TOWN <u>Rural Britton Mo.</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>Rural Britton Mo.</u> | | d. STREET ADDRESS (If rural, give location) <u>118th</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Petoski</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Near Petoski</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Lillie May Ledbetter</u> | | | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 1 1953</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>June 23 1927</u> | | 9. AGE (in years last birthday) <u>26</u> | if under 1 year Months <u>0</u> Days <u>8</u> | if under 24 hrs. Hours <u></u> Mins. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>House work</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>East St. Louis Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Henry A. Haggard</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Pearl Beaman</u> | | 14. NAME OF HUSBAND OR WIFE <u>Francis E. Ledbetter</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMY OR FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | 16. SOCIAL SECURITY NO. <u></u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pearl Haggard Petoski Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the Breast</u> | | INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| | | DUE TO (b) _____ | | | | | |
| | | DUE TO (c) _____ | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 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) | | 154X | |
| 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>3/1</u> , 19 <u>53</u> , to <u>7/1</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7/7</u> , 19 <u>53</u> , and that death occurred at <u>1 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | | | | 23b. ADDRESS <u>Petoski Mo</u> | | 23c. DATE SIGNED <u>7/3/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7-4-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sum Hill Cem Washington Mo</u> | | 24d. LOCATION (City, town, or county) (State) | | |
| DATE REC'D BY LOCAL REG. <u>7/7/53</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Petoski Mo.</u> | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

CODE 13

RECEIVED
JUN 6 1954
WASH. COUNTY HEALTH DEPT.
FILE NO. 75-1-534

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

Murphy L. Spahr

Licensed Embalmer No. 4236

P. O. Address

111st River 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.