

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34730

State File No.

FILED SEP 21 1953

REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY SCOTLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTLAND	
b. CITY (If outside corporate limits, write RURAL and give township) MEMPHIS		c. CITY (If outside corporate limits, write RURAL and give township) MEMPHIS	
c. LENGTH OF STAY (in this place) 50 YRS		d. STREET ADDRESS (If rural, give location) MEMPHIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION	

3. NAME OF DECEASED (Type or Print)	a. (First) VERDIE	b. (Middle) S.	c. (Last) LADD	4. DATE OF DEATH (Month) (Day) (Year) SEPT 14 1953
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 10-28-1871	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPING	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) NEWMANSVILLE ILL	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME GEORGE STRUBLE	13b. MOTHER'S MAIDEN NAME SARAH WARING	14. NAME OF HUSBAND OR WIFE RALPH L. LADD
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME J. E. Struble	ADDRESS Memphis
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis	DUPLICATE		57 min
ANTECEDENT CAUSES	DUE TO (b) arteriosclerosis		years
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	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"/>
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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)	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 **1951** 19, to **Sept 14, 1953** that I last saw the deceased alive on **Sept 1, 1953**, and that death occurred at **7 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) J. E. Lowe	23b. ADDRESS Memphis Mo	23c. DATE SIGNED 9/15/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-17-1953	24c. NAME OF CEMETERY OR CREMATORY MEMPHIS	24d. LOCATION (City, town, or county) (State) MEMPHIS Mo
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DATE REC'D BY LOCAL REG. 9/19/53	REGISTRAR'S SIGNATURE Vera G. Turner	476-0	25. FUNERAL DIRECTOR'S SIGNATURE H. W. ...	ADDRESS Memphis
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9990

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis, 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.