

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2232

State File No. ....

Dr. Chapman  
FILED JAN 25 1954

BIRTH NO. .... REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4887 Registrar's No. 1

1. PLACE OF DEATH . a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Cooter</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cooter</u>	
c. LENGTH OF STAY (in this place) <u>3 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0780</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>a</u> c. (Last) <u>Ladd</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-4-54</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-20-1867</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Carnersville Ind</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Elijah Ladd</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Brooks</u>	
14. NAME OF HUSBAND OR WIFE <u>Erma Ladd</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>610 X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>George Ladd</u>		ADDRESS <u>Cooter 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory failure - (myocardial)</u> ANTECEDENT CAUSES <u>Semility - Prosthetic Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
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.) <u>Cooter</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pemiscot Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 1-4-1954, to 1-4-1954, that I last saw the deceased alive on 1-4-1954, and that death occurred at 1 m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. R. Chapman M.D.</u> (Degree or title)		23b. ADDRESS <u>Steele, Mo.</u>		23c. DATE SIGNED <u>1-7-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-20-1867</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	
24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hermon Ford</u>		ADDRESS <u>Steele Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-9-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hermon Ford</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1-12-54

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

JAN 20 1954

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*John H. German*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.