

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4637**

BIRTH NO. **FILED MAR 8 1954** REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **5487** Registrar's No. **30**

0410

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

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Jefferson</b>		c. LENGTH OF STAY (in this place) <b>7 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Jefferson Township</b>		d. STREET ADDRESS (If rural, give location) <b>7 mile North of Bethany</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7 mile North of Bethany</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Millie</b> b. (Middle) <b>Belle</b> c. (Last) <b>Ladd</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 5 1954</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 1 1890</b>	9. AGE (In years last birthday) <b>63</b>	10. MONTHS <b>9</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm House Wife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Harrison County MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>George Ward</b>		13b. MOTHER'S MAIDEN NAME <b>Dorah Danner</b>		14. NAME OF HUSBAND OR WIFE <b>Charles Ladd</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles Ladd Bethany MO</b>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute coronary occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary atherosclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>  <b>Unknown</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>death on arrival</b> , to <b>10</b> , that I last saw the deceased alive on <b>7</b> , 19 <b>54</b> , and that death occurred at <b>7 p. m.</b> , from the causes and on the date stated above.					
23. SIGNATURE <b>O. N. Zahrt</b>			23b. ADDRESS <b>M. S. Bethany MO</b>		23c. DATE SIGNED <b>5/6/54</b>
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 7 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>White Oak</b>		24d. LOCATION (City, town, or county) (State) <b>Harrison County MO</b>	
DATE REC'D BY LOCAL REG. <b>3-6-54</b>	REGISTRAR'S SIGNATURE <b>Zola Burris</b>		116	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W H Noble New Hampton MO</b>	

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W H Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton

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.