

FILED AUG 4 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. 22003

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—0042

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 4017 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farber</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farber</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>2040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE OF DEATH (Month) (Day) (Year) <u>July 23, 1954</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEWIS</u>		b. (Middle) <u>Edward</u>	
c. (Last) <u>Ladd</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>Dec 28, 1891</u>		9. AGE (In years last birthday) <u>62</u> If under 1 year: Months <u>6</u> Days <u>25</u> If under 12 hrs. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Houses</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Ralls County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Nathan Harvey Ladd</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Penn</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WWI</u>	
16. SOCIAL SECURITY NUMBER <u>498-07-7079</u>		17. INFORMANT'S SIGNATURE AND NAME <u>Marvin Wright, Farber, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coroner's Investigation without Jury. was found dead in bed unattended by a physician. History showed symptoms of heart failure.</u> ANTECEDENT CAUSES (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> 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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>None</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Farber Audrain Missouri</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Found dead</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>None</u>		22. I hereby certify that I attended the deceased from _____ Coroner's case, without jury, that I last saw the deceased alive on <u>Found dead July 19, 1954</u> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>S. C. Adams M.D. Coroner</u>		23b. ADDRESS <u>Merice Mo. #4</u>	
23c. DATE SIGNED <u>7-25-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 26, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Farber Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Farber, Missouri</u>		DATE REC'D BY LOCAL REG. <u>July 28 1954</u>	
REGISTRAR'S SIGNATURE <u>Thelma Dupuis</u>		FUNERAL DIRECTOR'S SIGNATURE <u>William B. Waters</u>	
ADDRESS <u>6-0125</u>		ADDRESS <u>Andalia, Mo.</u>	

The deceased lived in his home by him-self.
The last doctor known to attend the deceased
in the past was his bloughty of
Vandalia Mo. who was not attenable to
testify at the inquest. History of the
decease & symptoms showed he suffered
from a circulatory trouble.

S. C. Adams, M. D.
Coroner of Audrain Co. Mo.

AUG 2
1884

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 William B. Natus

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.