

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34381

State File No.

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>De Soto</u>		c. LENGTH OF STAY (in this place) <u>8 YRS.</u>	c. CITY OR TOWN <u>De Soto</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>112 E. Second St.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Edward</u> c. (Last) <u>Ladd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 22-1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APR. 2-1895</u>
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>De Soto, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Mine</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Edward N. Ladd</u>		13b. MOTHER'S MAIDEN NAME <u>Alice V. Pounds</u>	14. NAME OF HUSBAND OR WIFE <u>Maude Iahn Ladd</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I.</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maude Ladd De Soto, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION: I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SILICOSIS</u> 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 <u>BLINDED BY LEAD</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>MINE EXPLOSION</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>5230</u>	
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) (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 <u>9-16</u> , 19 <u>54</u> , to <u>10-22</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-22</u> , 19 <u>54</u> , and that death occurred at <u>3 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chas. E. Falck M.D.</u>		23b. ADDRESS <u>De Soto, Mo.</u>	23c. DATE SIGNED <u>10-25-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-25-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Bks, Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-25-54</u>	REGISTRAR'S SIGNATURE <u>Marie C. Parry</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Lee Mothershead De Soto, Mo.</u>	

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 30 1954

NOV 24 1954

NOV 28 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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Andrew H. Englar

Licensed Embalmer No.....
47

P. O. Address.....
Ue Soto

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.