

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17689

State File No.

FILED JUL 11 1955

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>BARTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u>	
b. CITY OR TOWN <u>LAMAR</u>	c. LENGTH OF STAY (In this place) <u>2 weeks</u>	c. CITY OR TOWN <u>PITTSBURG</u>	Is Residence within limits of City or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FOTTS NURSING HOME</u>		No. STREET ADDRESS (If rural, give location) <u>RR# 4.9 miles NE. of City.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) _____ c. (Last) <u>LADD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 29 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>5-17-1874</u>
9. AGE (In years last birthday) <u>81</u>	if UNDER 1 YEAR Months _____ Days _____	if UNDER 1 YEAR Hours _____ Min. _____	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KNOX COUNTY, OHIO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>HARRY H. LADD</u>	13b. MOTHER'S, MAIDEN NAME <u>HARRIETT DENMAN</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MILFORD I. EDWARDS</u> ADDRESS <u>R.C. Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5/23/55</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u>		DUE TO (b) <u>Prostatic obstruction</u>		11.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>6/0x</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <u>5/28/55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Prostatic Hypertrophy. (K.C., Missouri)</u>	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.)	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 June 10, 1955, to June 29, 1955, that I last saw the deceased alive on June 28, 1955, and that death occurred at A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Genl. T. Bichel, M.D.</u> (Degree or title)	23b. ADDRESS <u>Lamar, Missouri</u>	23c. DATE SIGNED <u>7/5/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-2-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAND PARK</u>	24d. LOCATION (City, town, or county) (State) <u>PITTSBURG, KANSAS</u>
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DATE RECD BY LOCAL REG. <u>7-2-1955</u>	REGISTRAR'S SIGNATURE <u>Marie Kanantz</u>	14-0	FUNERAL DIRECTOR'S SIGNATURE <u>George J. Brenner</u> ADDRESS <u>Pittsburg</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 20 1955

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 *John C. Friskel*.....

Licensed Embalmer No. *1775*

P. O. Address *Frontier*.....

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.