

FILED DEC 5 1955

STANDARD CERTIFICATE OF DEATH

State File No. 31624

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5857 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Independence		c. LENGTH OF STAY (in this place) 4 hours	-c. CITY OR TOWN Rural - Polk
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city (incorporated town)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		• STREET ADDRESS (If rural, give location) Polk Township	

3. NAME OF DECEASED (Type or Print) Dewey B. Ledgerwood			4. DATE OF DEATH Nov. 20, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 17, 1923	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm owner	11. BIRTHPLACE (City and State or Foreign Country) Ackron, Ohio		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Don Ledgerwood		13b. MOTHER'S MAIDEN NAME Birtie Lucile Cooper		14. NAME OF HUSBAND OR WIFE Mildred Ledgerwood	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes W.W. II		16. SOCIAL SECURITY NO. 499-20-2200		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Ledgerwood - Maryville, Missouri	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH	
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 Conditions contributing to the death but not related to the disease or condition causing death. 4201			

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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **Nov 16, 1955**, to **Nov 20, 1955**, that I last saw the deceased alive on **Nov 16, 1955**, and that death occurred at **2:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE H.M. Chase		(Degree or title)		23b. ADDRESS Maryville Mo		23c. DATE SIGNED Nov 25/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-23-1955		24c. NAME OF CEMETERY OR CREMATORY Parnell Cemetery		24d. LOCATION (City, town, or county) (State) Parnell, Missouri	
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DATE REC'D BY LOCAL REG. 12-3-55		REGISTRAR'S SIGNATURE Less Holt		25. FUNERAL DIRECTOR'S SIGNATURE Bill Dunfee		ADDRESS Grant City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

740

DEC 27 1955

JAN 8 1956

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 *Bill A. Dumas*

Licensed Embalmer No. *419*

P. O. Address *Grant*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.