o.300
0.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20046

FILED JUL 16 1956

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 4173 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY: Douglas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ava
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Douglas
c. CITY OR TOWN: Ava
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0340

3. NAME OF DECEASED (Type or Print)
a. (First): Elva
b. (Middle): May
c. (Last): Ludwig

4. DATE OF DEATH (Month) (Day) (Year): July 3, 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Oct. 8, 1900
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and State or Foreign Country): Noble, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charley Ludwig
13b. MOTHER'S MAIDEN NAME: Mary Jane Williams
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Bailey Ludwig — **ADDRESS**: Ava, Mo.

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) Adenocarcinoma Ovary — 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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 175X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-2, *19*55, *to* 7-3, *19*56, *that I last saw the deceased alive on* 7-3, *19*56, *and that death occurred at* 7:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. C. G. Harlan DC
23b. ADDRESS: Ava Mo
23c. DATE SIGNED: 7-5-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7 6 1956
24c. NAME OF CEMETERY OR CREMATORY: Peters
24d. LOCATION (City, town, or county) (State): Noble, Missouri

DATE REC'D BY LOCAL REG.: July 12-56
REGISTRAR'S SIGNATURE: Vestal Buckman
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Clinkingbeard Funeral Home Ava, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lyle G. Glinkingbea

Licensed Embalmer No. 48

P. O. Address Ava, M

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