

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 19 1956

STATE FILE NO. **36891**

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 343

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Mo b. COUNTY Adair		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kirksville TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K. O. H.		Length of stay in 1b	d. STREET (If outside, give location) ADDRESS 1004 N. Luther St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lillie Middle Mable Last Ledford			4. DATE OF DEATH Month Nov. Day 11, Year 1956		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 24, 1882	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Mercer, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Andrew Michael			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 344 01 3635-B	17. INFORMANT Address Winfield Scott Ledford, Kirksville, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Collapse Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Uremia DUE TO (c) Himmel-Stieh Wilson Syndrome					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) Malignant hypertension, Diabetes					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <input type="checkbox"/> a. m. <input type="checkbox"/> p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE	
21. I attended the deceased from 11-6-56 to 11-11-56 and last saw her alive on 11-11-56 Death occurred at 7:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Harold W. Boone, M.D. (Degree or title)			22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 11-13-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/14/56	23c. NAME OF CEMETERY OR CREMATORY Ledford Cemetery		23d. LOCATION (City, town, or county) (State) Putnam Co., Mo.	
24. FUNERAL DIRECTOR John M. [unclear]		25. DATE RECD. BY LOCAL REG. 11-14-56	25. REGISTRAR'S SIGNATURE Kate Lambert		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *George W. Daws*
.....

Licensed Embalmer No. *479*

P. O. Address *Kemp*

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