

FILED JUN 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18256

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 5988 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY PUTNAM				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PUTNAM					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL-ELM TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN RURAL EMP TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GREENCASTLE			Length of stay in 1b LIFE		d. STREET ADDRESS GREENCASTLE		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MARY Middle ANN Last LEDFORD				4. DATE OF DEATH Month MAY Day 18 Year 1957					
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH FEB. 23 1876		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 2 Days 15 Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME WORK			10b. KIND OF BUSINESS OR INDUSTRY L		11. BIRTHPLACE (City and state or country) PUTNAM CO MO		12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME GEORGE PATTERSON				14. MOTHER'S MAIDEN NAME REBECCA BUSTER					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address Ruby Harris - Unionville, 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) Chronic myocarditis DUE TO (b) Senility DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4222							INTERVAL BETWEEN ONSET AND DEATH		
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 _____ Month _____ Day _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 7-15-49 to 5-18-57 and last saw her alive on 5-17-57 Death occurred at 3:00 m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) L. W. McDonald DO				22b. ADDRESS Unionville, MO.			22c. DATE SIGNED 5-19-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE 5-20-57	23c. NAME OF CEMETERY OR CREMATORY YOUNG CEM		23d. LOCATION (City, town, or county) PUTNAM CO		STATE MO.		
24. FUNERAL DIRECTOR L. D. Husted Unionville MO			ADDRESS		25. DATE RECD. BY LOCAL REG. 6-1-57		26. REGISTRAR'S SIGNATURE Marvell D. Dushin		

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Marcel E. Husted*

Licensed Embalmer No. *30*

P. O. Address *Ammanville*

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.