

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31037

STATE FILE NUMBER

FILED SEP 25 1957

Registration District No.

47

Primary Registration District No.

5164

Registrar's No.

227

1. PLACE OF DEATH a. COUNTY Callaway 3				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway 1/43			
b. CITY (If outside corporate limits, give TOWNSHIP only) Fulton Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Fulton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Richland Hill Hiway 54 mi				Length of stay in lb. 54 ni		d. STREET ADDRESS (If outside, give location) 1400 N. Ewing St.	
3. NAME OF DECEASED (Type or print) First David Middle Ray Last Lederle		4. DATE OF DEATH Month Sept Day 13 Year 1957					
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 27, 1937	9. AGE (In years) 20	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Trucking		11. BIRTHPLACE (City and state or country) Portland Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Clarence Ray Lederle			13b. MOTHER'S MAIDEN NAME Alice L. Scott		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or years of service) yes 1954-1957		16. SOCIAL SECURITY NO. 495 36 1693		17. INFORMANT Address Mrs. Alice Green Fulton Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Bleeding						INTERVAL BETWEEN ONSET AND DEATH 10 minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Crushed Thorax and Abdomen							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) One car accident on hiway 54 at Richland hill					
20c. TIME OF INJURY 10:45 p.m.		Month, Day, Year 9/13/57		thrown from car which then rolled on him 014			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Hiway		20f. CITY, TOWN, OR LOCATION Hiway 54		COUNTY 3 miles north STATE Fulton Mo.	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 10:55 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Dary A. Stewart Coroner 3				22b. ADDRESS Fulton Missouri		22c. DATE SIGNED 9/14/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/15/57	23c. NAME OF CEMETERY OR CREMATORY Callaway Mem. Gardens		23d. LOCATION (City, town, or county) (State) Fulton, Missouri.		
24. FUNERAL DIRECTOR Maupin		ADDRESS Fulton Mo		25. DATE RECD. BY LOCAL REG. Sept. 21-1957		26. REGISTRAR'S SIGNATURE Maretha Lawrence	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
-57-6
0

OCT 21 1957

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 *Harry A. Stewart*

Licensed Embalmer No. *3722*
P. O. Address *Ft. 3rd*

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.