

THE DIVISION OF HEALTH OF MISSOURI
DEATH CERTIFICATE OF DEATH

58-021404
 STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 101 Primary Registration District No. 4173 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ava		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ava
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)

3. NAME OF DECEASED (Type or print) First Middle Last John A. Letterman			4. DATE OF DEATH Month Day Year June 24, 1958			
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 21, 1878	9. AGE (In years last birthday) 80	FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Retired	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and state or country) Ozark County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jasper Letterman	13b. MOTHER'S MAIDEN NAME Francis Newton	14. NAME OF HUSBAND OR WIFE Sarah E. Letterman
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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. None	17. INFORMANT Address Rev. Oliver Letterman, Mt. Grove, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute cerebral apoplexy		INTERVAL BETWEEN ONSET AND DEATH 15 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic Arteriosclerosis of Heart	
	DUE TO (c) Discos 4200	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension 22/100	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 2-2-58 to 6-24-58 and last saw ^{him} her alive on 6-24-58 Death occurred at 7: P.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) M.C. Bentley M.D.	22b. ADDRESS Ava Mo	22c. DATE SIGNED 6-24-58
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23a. BURIAL; CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-26-58	23c. NAME OF CEMETERY OR CREMATORY Huffman	23d. LOCATION (City, town, or county) (State) Ava, Missouri R. 3
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24. FUNERAL DIRECTOR Clinkingbeard Funeral Home, Ava, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 6-30-58	26. REGISTRAR'S SIGNATURE Uestel Bushman
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Charles R. Fisk*

Licensed Embalmer No. *466-2* ..
P. O. Address *Ava, MA* ..

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.