

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033235
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 464

FILED OCT 7 1958

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN 04950 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in 1b 60 YRS	d. STREET ADDRESS 3411 E. 11TH ST. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last ROY D. LEDGERWOOD			4. DATE OF DEATH Month Day Year SEPTEMBER 25, 1958
5. SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>	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 JAN. 30, 1876
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNED & OPERATED	11. BIRTHPLACE (City and state or country) CHERRYVALE, KS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNED & OPERATED		10b. KIND OF BUSINESS OR INDUSTRY HOME PRINTING Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME UNK		13b. MOTHER'S MAIDEN NAME UNK	14. NAME OF HUSBAND OR WIFE BROOKS LEDGERWOOD
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNK	17. INFORMANT Address MRS. BROOKS LEDGERWOOD, 3411 E. 11TH ST
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-vascular Renal Disease DUE TO (b) Intertrochanteric fracture right hip 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)			INTERVAL BETWEEN ONSET AND DEATH 9 days 9020 21
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.) Stepped into an open floor furnace; the grill having been removed for cleaning.	
20c. TIME OF INJURY Hour Month, Day, Year 3:00 a.m. 9-17-58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At home	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Joplin, Jasper, Missouri	
21. I attended the deceased from 9-17-58 to 9-25-58 and last saw him alive on 9-25-58 Death occurred at 7:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. B. Kuhn, Jr. M.D.		22b. ADDRESS 321 Frisco Building.	
22c. DATE SIGNED 9-27-58		23a. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY,	
23b. LOCATION (City, town, or county) WEBB CITY, MISSOURI		23c. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 10-2-1958	
26. REGISTRAR'S SIGNATURE Dove Merriam			

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

7444H

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin, Mo.*

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.