

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000021

STATE FILE NUMBER

FILED 2 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 35

300
1-57

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville 0013
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Loughlin Hospital		Length of stay in lb 3 yrs	d. STREET ADDRESS (If outside, give location) 415 S. Florence
3. NAME OF DECEASED (Type or print) First Albert Middle ----- Last Ledford			4. DATE OF DEATH Month Jan. Day 25, Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 12-22-1898
9. AGE (In years birthday) 60		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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	11. BIRTHPLACE (City and state or country) Putnam County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. NAME OF FATHER'S NAME Charles A. Ledford	
13b. MOTHER'S MAIDEN NAME Ada Patterson		14. NAME OF HUSBAND OR WIFE Divorced	
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.	
17. INFORMANT Mrs. Arthur Kumm, Kirksville, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot (revolver) wound into the head, slightly above and inches to the rear of the right ear			INTERVAL BETWEEN ONSET AND DEATH App. 4 1/2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 22 cal. revolver was loaded with 22 " long " ammo. 976x			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 22 cal. revolver was loaded with 22 " long " ammo. 976x			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) self inflicted	
20c. TIME OF INJURY Hour App. 8:30 a.m. Month, Day, Year 1/25/59			
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, farm, factory, street, office bldg., etc.) farm home	
20f. CITY, TOWN, OR LOCATION Kirksville, RFD 3, Adair, Mo.		COUNTY STATE	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at 1:00 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Nora E. Foster (Degree or title) Coroner 3		22b. ADDRESS Kirksville, Adair, Mo	
22c. DATE SIGNED 1/28/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-28-1959	
23c. NAME OF CEMETERY OR CREMATORY Lipp Cemetery		23d. LOCATION (City, town, or county) (State) Putnam Co., Mo.	
24. FUNERAL DIRECTOR Glenn E. Foster ADDRESS Green City, Mo		25. DATE RECD. BY LOCAL REG. 1-28-1959	
26. REGISTRAR'S SIGNATURE Doris W. Ratliff			

(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.

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 *Harold R. Kent*

Licensed Embalmer No. *4689*

P. O. Address *Green City, 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.