

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000041

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 2000 Registrar's No. 36

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 Pettis Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Kirkville, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 6 mo.	d. STREET ADDRESS (If outside, give location) R.F.D.# 3 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Eva Middle Lena Last Ledford			4. DATE OF DEATH Month Jan. Day 25 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 2-6-1902
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months --- Days --- Hours --- Min. ---	IF UNDER 24 HRS. Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Farm home	11. BIRTHPLACE (City and state or country) Green Castle, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Welcome J. Ayers	
13b. MOTHER'S MAIDEN NAME Carrie Shaver		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. 494-44-1579	
17. INFORMANT Mrs. Arthur Kumm, Kirkville, 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) Gunshot (revolver) wounds, one into the heart, one into the chin and one into the right hand			INTERVAL BETWEEN ONSET AND DEATH Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Mrs Ledford was shot by Albert Ledford	
20c. TIME OF INJURY Hour 8:15a 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 Kirkville, RFD #3, Adair, Mo.		COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at App. 8:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Novale Foster (Degree or title) Coroner 3		22b. ADDRESS Kirkville, 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) POTNAM Co., Mo.	
24. FUNERAL DIRECTOR Glen E. Foster ADDRESS Green City, Mo.		25. DATE RECD. BY LOCAL REG. 1-28-1959	
26. REGISTRAR'S SIGNATURE Dennis W. Ratliff			

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 P. 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.