

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020990
STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 572A

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <i>Greene</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <i>Missouri</i> b. COUNTY <i>Laclede</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <i>Springfield</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Competition</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Johns Hosp</i>		Length of stay in 1b <i>10 min</i>	d. STREET ADDRESS (If outside, give location) <i>Rural Route</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Virgil C. Ledbetter</i>			4. DATE OF DEATH Month Day Year <i>June 8 1959</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 11, 1905</i>	9. AGE (In years last birthday) <i>54</i>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Competition Mo. U. S. A.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13a. FATHER'S NAME <i>Charles B. Ledbetter</i>		13b. MOTHER'S MAIDEN NAME <i>Maryetta Driesal</i>		14. NAME OF HUSBAND OR WIFE <i>Christine</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>500-01-7676</i>	17. INFORMANT Address <i>Mollie Chatham St. Joseph Mo.</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral contusion, severe</i>					INTERVAL BETWEEN ONSET AND DEATH
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)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <i>Auto accident</i>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>11:30 P.M.</i>			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.) <i>Lebanon</i>		20f. CITY, TOWN OR LOCATION <i>Laclede</i>		STATE <i>Mo</i>	
21. I attended the deceased from <i>6-8-59</i> to <i>6-8-59</i> and last saw her alive on <i>6-8-59</i> Death occurred at <i>11:30 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Name or title) <i>John P. K. Hayes M.D.</i>			22b. ADDRESS <i>Springfield MO</i>		22c. DATE SIGNED <i>6-13-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>6/11/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Ms. Bride Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Laclede Co. Mo.</i>
24. FUNERAL DIRECTOR <i>Holman Funeral Home Lebanon Mo.</i>			25. DATE RECD. BY LOCAL REC'D <i>6-15-59</i>		26. REGISTRAR'S SIGNATURE <i>Effie G. Melton</i>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

John P. K. Hayes

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 *Dorsey M. Howe*

Licensed Embalmer No. *4222*

P. O. Address *Lebanon, 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.