

JURI DIVISION..OF HEALTH – STANDARD CERTIFICATE OF DEATH

=60-018184

FILED VS MAY 16 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 131

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b	c. CITY OR TOWN Kirksville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Stickler Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 610 N. Main St.,
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Winfield Scott Ledford			4. DATE OF DEATH Month Day Year May 2, 1960		
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5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/11/1877	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner	10b. KIND OF BUSINESS OR INDUSTRY Retired Miner	11. BIRTHPLACE (City and state or country) Adair County, Mo.	12. CITIZEN OF WHAT COUNTRY U S.A.
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13a. FATHER'S NAME Scott Ledford	13b. MOTHER'S MAIDEN NAME Martha Cason	14. NAME OF HUSBAND OR WIFE Lillie Mable Michael
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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. 344 01 3635 A	17. INFORMANT Address Mrs. Reta Grabosch, Kirksville, 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:		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
IMMEDIATE CAUSE (a)	Myocarditis acute	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Residual Pneumonia	
	DUE TO (c)	20 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from April, 9, 1960 to May, 2, 1960 and last saw ^{her}him alive on May-2-1960
Death occurred at 12:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. Stickler MD	22b. ADDRESS Kirksville, Mo	22c. DATE SIGNED 5-6-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/5/60	23c. NAME OF CEMETERY OR CREMATORY Ledford Cemetery	23d. LOCATION (City, town, or county) Putnam County, Mo.
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24. FUNERAL DIRECTOR Karl M. Riley, Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 5-7-1960	26. REGISTRAR'S SIGNATURE Dora W. Ratliff
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

R. O. STICKLER, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Keokuk, Ia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.