

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-033650

FILED VS SEP 15 1960 **378**

4552

42

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mountain Grove		Length of stay in 1b 2yrs.		c. CITY OR TOWN Mtn. Grove		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 315 East 4th Street			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 315 East 4th Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Mary Middle Etta Last Ledbetter				4. DATE OF DEATH Month September Day 4 Year 1960					
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-11-1873	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months 11 Days 24 Hours _____ Min. _____	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY *****		11. BIRTHPLACE (City and state or country) Springfield, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Fred Drisel			13b. MOTHER'S MAIDEN NAME Martha Longwell			14. NAME OF HUSBAND OR WIFE Charles B. Ledbetter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Charles Ledbetter Mtn. Grove, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart disease							INTERVAL BETWEEN ONSET AND DEATH 5 months		
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)						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 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.)						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year							
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	
21. I attended the deceased from Jan. 15, 1960 to Sept. 4, 1960 and last saw her alive on Sept. 3, 1960 Death occurred at 12:55 AM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) W. M. Silberman M.D.				22b. ADDRESS Mtn. Grove Mo.				22c. DATE SIGNED 9-6-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-7-1960	23c. NAME OF CEMETERY OR CREMATORY McBride Cemetery			23d. LOCATION (City, town, or county) (State) Competition, Missouri			
24. FUNERAL DIRECTOR ADDRESS Ewell C. Craig Mtn. Grove, Missouri				25. DATE RECD. BY LOCAL REG. 9-8-1960		26. REGISTRAR'S SIGNATURE Bernice L. Silverman			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Lowell C. Bras

Licensed Embalmer No. 476

P. O. Address W. G. H.

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.