MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009665
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1085
2 1085
3
4 1
5 2
6
7 0
8 2
9 4201
10
11
12 86-0
13 1-0

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 34

FILED FEB 27 1962

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri
Length of stay in 1b: 70 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jones Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Vernon
c. CITY OR TOWN Nevada
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 708 South Ash Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Lucy Middle: Madora Last: Ledlie

4. DATE OF DEATH Month, Day, Year: February 17, 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-10-1887
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months 4 Days 7
IF UNDER 24 HR: 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: Retired
11. BIRTHPLACE (City and state or country): Clinton, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Badge
13b. MOTHER'S MAIDEN NAME: Emily Fenn
14. NAME OF HUSBAND OR WIFE: James A. Ledlie, Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Geo. T. Flintt, Harwood, Mo. (Nephew) Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Presumed Cardiac Arrest, acute. — INTERVAL BETWEEN ONSET AND DEATH: Died in sleep.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Known coronary Infarction — 10 yrs.
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 October 1961, to Feb. 17, 1962 and last saw her alive on Oct. 1961.
Death occurred at Nevada, Missouri 4:00Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. P. McCann, M.D. (Degree or title)
L. P. McCann, M. D.
22b. ADDRESS Moore Bldg., Nevada, Missouri
22c. DATE SIGNED 2/20/'62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE 2-19-1962
23c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery
23d. LOCATION (City, town, or county) (State): Clinton, Missouri

24. FUNERAL DIRECTOR Hays Funeral Service, Inc. ADDRESS Nevada, Missouri
25. DATE RECD. BY LOCAL REG. Feb 21-1962
26. REGISTRAR'S SIGNATURE Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Richard L. Giffin

Licensed Embalmer No. 5053

P. O. Address W Scott, Ks

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.