MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER -62-018547

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 87

FILED MAY 22 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kennett — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Presnell Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Dunklin
c. CITY OR TOWN: Kennett — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 405 S. Hopper — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Sarah Middle: Alice Last: Ledbetter

4. DATE OF DEATH: Month: May Day: 11 Year: 1962

5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2/25/1876
9. AGE (last birthday): 86 — IF UNDER 1 YEAR: Months: 2 Days: 16 — 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: none
11. BIRTHPLACE (City and state or country): Crocket Mill, Tenn.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Luke Lanier
13b. MOTHER'S MAIDEN NAME: Cynthia Previtte
14. NAME OF HUSBAND OR WIFE: William Ledbetter (dec'd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Jess Ledbetter, Address: Kennett, Mo.

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): Heart failure — 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)
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 3/28/62, to 5/11/62 and last saw her alive on 5/11/62
Death occurred at approximately 1:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L. C. Welch (Degree or title) M.D.
22b. ADDRESS: Kennett, Mo.
22c. DATE SIGNED: 5/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/13/1962
23c. NAME OF CEMETERY OR CREMATORY: Oak Ridge
23d. LOCATION (City, town, or county) (State): Kennett Missouri

24. FUNERAL DIRECTOR ADDRESS: McDaniel Funeral Ser. Kennett, Mo.
25. DATE RECD. BY LOCAL REG.: 5-15-1962
26. REGISTRAR'S SIGNATURE: Earl Husband

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 1962

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 Tommy L. Doherty

Licensed Embalmer No. 4886

P. O. Address Kennett, 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.