Dr. Tsang

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022638
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2003 Registrar's No. 952

FILED JUN 25 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SPRINGFIELD — Length of stay in 1b: 2 DAYS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): BURGE HOSP. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: HOWELL
c. CITY OR TOWN: WEST PLAINS — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First CHARLES Middle WAYNE Last LEDBETTER
4. DATE OF DEATH: Month JUNE Day 17 Year 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/14/40
9. AGE (last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INVALID
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): WEST PLAINS, MO.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: WILLIAM E. LEDBETTER
13b. MOTHER'S MAIDEN NAME: MAURA E. HOPKINS
14. NAME OF HUSBAND OR WIFE: X
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.: NO
17. INFORMANT Address: LAURA E. LEDBETTER, WEST PLAINS, 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): Acute Bacterial Meningitis — INTERVAL BETWEEN ONSET AND DEATH: 72 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): acute bacteria cranial hemorrhage — 5 days
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic arrested Hydrocephalus
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.) Fell & Struck Head out of Wheelchair
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 6/16/62, to 6/17/62 and last saw her/him alive on 6/17/62
Death occurred at 7 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): T E Cochran M D
22b. ADDRESS: Springfield Mo
22c. DATE SIGNED: 6/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: June 17, 1962
23c. NAME OF CEMETERY OR CREMATORY: UNION GROVE
23d. LOCATION (City, town, or county) (State): WEST PLAINS, MO.

24. FUNERAL DIRECTOR ADDRESS: H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.
25. DATE RECD. BY LOCAL REG.: 6-22-62
26. REGISTRAR'S SIGNATURE: Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

T.E Cochran
USE BLACK INK OR TYPEWRITER RIBBON

JUL 24 1962

permit issued 6-17-62

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 Lucien L. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield

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.