

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014583

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 76

FILED MAR 25 1963

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>NEW MADRID</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SIKESTON</b>		Length of stay in 1b <b>15 hrs.</b>	c. CITY OR TOWN <b>MOREHOUSE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MO. DELTA COMMUNITY</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>MOREHOUSE</b>	
3. NAME OF DECEASED (Type or print) First <b>BURLEY</b> Middle <b>EUGENE</b> Last <b>LEDBETTER</b>			4. DATE OF DEATH <b>3-18-63</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/5/1907</b>	9. AGE (last birthday) <b>55</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer (retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>		11. BIRTHPLACE (City and state or country) <b>Tupelo, Mississippi</b>	
12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>		13a. FATHER'S NAME <b>Dave Ledbetter</b>		13b. MOTHER'S MAIDEN NAME <b>Fanny Horton</b>	
13c. NAME OF HUSBAND OR WIFE <b>Susie Ledbetter</b>		14. SOCIAL SECURITY NO. <b>25</b>		17. INFORMANT <b>Susie Ledbetter, Morehouse, Mo</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO.		17. INFORMANT	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of neck</b>		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		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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.	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 <b>Morehouse, Mo.</b>
21. I attended the deceased from <b>3-18-63</b> to <b>3-18-63</b> and last saw <sup>him</sup> <b>him</b> on <b>3-18-63</b>		Death occurred at <b>7:00 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>R. M. Darns</i>		(Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Morehouse, Mo.</b>	
22c. DATE SIGNED <b>3-19-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>March 20, 1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grave Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Charleston, Missouri</b>			
24. FUNERAL DIRECTOR <b>Watkins &amp; Sons</b>		ADDRESS <b>Morehouse, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>March 22 1963</b>	
26. REGISTRAR'S SIGNATURE <i>Jeanette Waldman</i>					

USE BLACK INK OR TYPEWRITER RIBBON

MAR 26 1963

Permit issued March 18-1963

**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 Earl Nutkins

Licensed Embalmer No. 4964

P. O. Address Dexter 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.