

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24356**

FILED AUG 2 1950

BIRTH NO.		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 4435		Registrar's No. 30	
1. PLACE OF DEATH a. COUNTY Ralls				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ralls			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Missouri		c. LENGTH OF STAY (In this place) 15 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Missouri		0890	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Ida		b. (Middle) Catherine		c. (Last) Ledford		4. DATE OF DEATH (Month) (Day) (Year) July 17, 1950	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 3, 1865	
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		11. BIRTHPLACE (State or foreign country) Cherry Tree, Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Cherry Tree, Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Mahood			13b. MOTHER'S MAIDEN NAME Esther			14. NAME OF HUSBAND OR WIFE Nathaniel R. Ledford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS H.S. Ledford, Perry, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Serilite with Dementia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 744X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1, 1950 , to July 17, 1950 , that I last saw the deceased alive on July 16, 1950 , and that death occurred at 9:15 A. M. , from the causes and on the date stated above.							
23a. SIGNATURE Ernest T. Swan				23b. ADDRESS D.O. Perry, Missouri		23c. DATE SIGNED 7/19/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/19/1950		24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery		24d. LOCATION (City, town, or county) (State) East of Center, Missouri	
DATE REC'D BY LOCAL REG. 7/19/50		REGISTRAR'S SIGNATURE Clyde Wilkey		FUNERAL DIRECTOR'S SIGNATURE Clyde Wilkey		ADDRESS Perry, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 28 1950
District Health Officer No. 1
District File Number 7-50-121
Date Filed JUL 31 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Clyde C. Wilkey

Signed
Student Embalmer

Licensed Embalmer No. 3820

P. O. Address Perry, Ind.

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 this body is not embalmed, fact should be so stated above.