No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 21 1951

State File No. 20563

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 97

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City
c. LENGTH OF STAY (In this place): 2wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jane Chinn Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rt # 4 Carthage,
d. STREET ADDRESS (If rural, give location): Rt. 4 Carthage 0490

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): C.
c. (Last): LEDFORD

4. DATE OF DEATH (Month) (Day) (Year): June 8, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: January 12, 1880
9. AGE (In years last birthday): 71 — If under 1 year: Months 4, Days 26; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Atlas Powder Co.
11. BIRTHPLACE (State or foreign country): No data
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Monroe J. Ledford
13b. MOTHER'S MAIDEN NAME: Martha (no data)
14. NAME OF HUSBAND OR WIFE:

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.:
17. INFORMANT'S SIGNATURE OR NAME: James W. Ledford
ADDRESS: Rt 4 Carthage, Mo.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Carcinoma of the Liver

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-1-51
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the Liver 1564
20. AUTOPSY? YES [X] NO [ ]

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) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-22, *19*51, *to* 6-8, *19*51, *that I last saw the deceased alive on* 6-8, *19*51, *and that death occurred at* 11:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wm. W. Forbes (Degree or title): D.O.
23b. ADDRESS: Carterville, Missouri
23c. DATE SIGNED: 6-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 11, 1951
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
24d. LOCATION (City, town, or county) (State): Webb City, Missouri

DATE REC'D BY LOCAL REG.: June 11-51
REGISTRAR'S SIGNATURE: O. L. Pitchford M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Hedge Lewis
ADDRESS: Webb City, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-19-51
Jasper County Health Office
County File Number 51/6/502
Date Filed 6-19-51

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 .....
Student Embalmer

Signed Leonard J. Lewis Jr.
Licensed Embalmer No. 4561
P. O. Address Webb city, 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 this body is not embalmed, fact should be so stated above.