

**STANDARD CERTIFICATE OF DEATH**

State File No. **31115**

No. 300  
10.48

FILED SEP 24 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4430 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crocker</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crocker</u>	
c. LENGTH OF STAY (in this place) <u>75 years</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>May</u> c. (Last) <u>Ledbetter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 17, 1868</u>	9. AGE (In years last birthday) <u>82</u>	10. IF UNDER 1 YEAR Days <u>11</u> Hours <u>24</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>William Ledbetter</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Ann Roam</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Eckman</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cremic poisoning</u> ANTECEDENT CAUSES <u>Chronic Hepatitis</u> Morbidity 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 <u>6 mo.</u> <u>5 yrs.</u>
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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) m.		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 April, 1950, to Sept. 10, 1951, that I last saw the deceased alive on Sept. 12, 1951, and that death occurred at 1 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John A. Mikalovich M.D.</u>		23b. ADDRESS <u>Crocker</u>		23c. DATE SIGNED <u>9-12-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 12, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crocker Cemtery</u>	
24d. LOCATION (City, town, or county) (State) <u>Crocker Mo.</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hedges Street, Springfield, Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-17-51</u>		REGISTRAR'S SIGNATURE <u>Paula J. Anderson</u>		458	

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

RECEIVED 9-17-51  
Pulaski County Health Officer  
File Number 9-29-51  
Date Filed 9-29-51

1587

**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. 432  
working under my personal supervision.

Student Clarence Moss  
Student Embalmer

Signed Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Levia, 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.