

FILED MAY 10 1954

STANDARD CERTIFICATE OF DEATH

State File No. 12715
Registration No. 125

0640

BIRTH NO. _____ REG. DIST. NO. 009 PRIMARY REG. DIST. NO. 5765

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) R #3, Mason Tnshp		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal, Mo.	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) R.R. #3.	
d. FULL NAME OF HOSPITAL OR INSTITUTION R #3, Hannibal			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) B	
c. (Last) Ledbetter		4. DATE OF DEATH (Month) (Day) (Year) April 13 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 11 1872
9. AGE (In years last birthday) 82		10. UNDER 1 YEAR Months	10. UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William Ledbetter		13b. MOTHER'S MAIDEN NAME Ann Vincent	
14. NAME OF HUSBAND OR WIFE Susan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME #3 Frank Ledbetter		ADDRESS Hannibal, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Heart without Medical Attention</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Antony Heart disease</i> 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		19b. MAJOR FINDINGS OF OPERATION 4343	
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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30A m., from the causes and on the date stated above.			
23a. SIGNATURE <i>J. M. O'Donnell</i>		23b. ADDRESS <i>Hannibal, Mo.</i>	
23c. DATE SIGNED <i>4-26-54</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/15/54	
24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Hannibal, Mo.	
DATE REC'D BY LOCAL REG. 4/28/54		REGISTRAR'S SIGNATURE <i>H. C. Fisher Deputy</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>J. M. O'Donnell</i>		ADDRESS Hannibal, Mo.	

189-0

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 5 1938
MARION CO. HEALTH DEPT.
DATE FILED MAY 5 1938

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 _____

H. M. O'Donnell

Licensed Embalmer No. 388y

P. O. Address Hannibal, Missouri

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.