

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10201
State File No.

FILED MAR 27 1956

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>		
b. CITY OR TOWN <u>Unionville</u>		c. LENGTH OF STAY (in this place) <u>7 da</u>	c. CITY OR TOWN <u>Union Tmp</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>RFD Unionville, Mo 08600</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elijah</u> b. (Middle) <u>Ellas</u> c. (Last) <u>Ledford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 8 1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Apr, 25, 1871</u>		9. AGE (In years last birthday) <u>84</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>19</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, and retired) <u>Janitor Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Putnam Co, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>John A. Ledford</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Pherigo</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Turnmire</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roscoe V Ledford-Unionville, Mo</u>			
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 INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic degenerative myocarditis</u>			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			DUE TO (c)		
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) <u>4222</u>	
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 <u>9-10</u> , 19 <u>55</u> , to <u>3-9</u> , 19 <u>56</u> that I last saw the deceased alive on <u>3-9</u> , 19 <u>56</u> , and that death occurred at <u>3:55a</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J.W. McDonald MD</u>			23b. ADDRESS <u>Monroeville, Mo 645-17-56</u>		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>R</u>	24b. DATE <u>3-9-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Centerville Iowa</u>	
DATE REC'D BY LOCAL REG. <u>3-27-56</u>	REGISTRAR'S SIGNATURE <u>Marvill Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. O. ...</u>		ADDRESS <u>Unionville, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Murland Husted*
Licensed Embalmer No..... *33*

P. O. Address *Unknow*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.