

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006894

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 43

1. FILED MAR 9 1962 a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CARTHAGE</b>		Length of stay in 1b <b>10 DAYS</b>	c. CITY OR TOWN <b>SARCOXIE</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MCCUNE BROOKS HOSPITAL</b>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	d. STREET ADDRESS (If outside, give location) <b>14TH ST.</b>
3. NAME OF DECEASED (Type or print) First <b>MARK</b> Middle <b>S.</b> Last <b>LEDFORD</b>		4. DATE OF DEATH Month <b>2/25/62</b> Day Year	

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/20/82</b>	9. AGE (last birthday) <b>79</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETD. CARPENTER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	11. BIRTHPLACE (City and state or country) <b>HAYSVILLE, N. C.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>MONROE LEDFORD</b>	13b. MOTHER'S MAIDEN NAME <b>MARTHA CURTIS</b>	14. NAME OF HUSBAND OR WIFE <b>OPHELIA AYERS LEDFORD</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>MRS. OPHELIA A. LEDFORD, SARCOXIE, MO</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia of Peritonitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Thrombophlebitis of leg - R.</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <b>10:40 P.</b> a.m. p.m.	Month, Day, Year <b>2-25-62</b>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>CARTHAGE, MO.</b> COUNTY STATE
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21. I attended the deceased from *2-15-62* to *2-25-62* and last saw her/him alive on *2-25-62*  
 Death occurred at **10:40 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. J. Mendenhall</i> (Degree or title) <b>M.D.</b>	22b. ADDRESS <b>1515 HAZEL, CARTHAGE, MO.</b>	22c. DATE SIGNED <b>2/26/62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>2/27/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakwood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>SHARON, WISCONSIN</b>
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24. FUNERAL DIRECTOR ADDRESS <b>ULMER-MOSS FUNERAL HOME, SARCOXIE, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>2-26-62</b>	26. REGISTRAR'S SIGNATURE <i>Ely Chuteau</i>
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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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 Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.