

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12019

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 465

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksdale</u> <u>0320</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Philip</u>	b. (Middle) <u>Howard</u>	c. (Last) <u>Ledbetter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 14, 1888</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attendant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>State Hosp. #2.</u>	11. BIRTHPLACE (State or foreign country) <u>Karbera, Illinois,</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Millington Ledbetter</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Robertson</u>	14. NAME OF HUSBAND OR WIFE <u>Millie Sarah Ledbetter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Record left in our Office by Self.</u>	ADDRESS
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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>Pneumonia broncho</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia</u> DUE TO (c) <u>Chronic Interstitial Nephritis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>592X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from March 24, 1950, to April 13, 1950, that I last saw the deceased alive on April 13, 1950, and that death occurred at 11:25A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. C. Leman M.D.</u> (Degree or title)	23b. ADDRESS <u>St. Joseph, Mo</u>	23c. DATE SIGNED <u>4-15-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Apr. 16, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clarksdale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clarksdale, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>April 18, 1950</u>	REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u> <u>382</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoffer</u> ADDRESS <u>1946 Colman St. St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117

**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 \*\*\*\*\*

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Student Embalmer No. ....

working under my personal supervision.

Student ..... \*\*\*\*\*  
Student Embalmer

Signed *Albert E. Harrington* .....

Licensed Embalmer No. 3258 Missouri .....

P. O. Address St. Joseph, 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.