

FILED 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22342

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 253

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Morley	
c. LENGTH OF STAY (in this place) 2 Days		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis hospital			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Theodore c. (Last) Todt			4. DATE OF DEATH (Month) (Day) (Year) July 15, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/18/1883	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 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 Self		11. BIRTHPLACE (State or foreign country) Montgomery Co., Illinois	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME Herman J. Todt		13b. MOTHER'S MAIDEN NAME Mary B. Langen		14. NAME OF HUSBAND OR WIFE Bertha F. Todt	
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. unk		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertha F. Todt Morley, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) [Handwritten mark] DUE TO (c) Partial intestinal obstruction 2 days.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	

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) (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 13 July, 1951, to 15 July, 1951, that I last saw the deceased alive on 14 July, 1951, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Cape Girardeau, Mo.		23c. DATE SIGNED 15 July 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/17/51		24c. NAME OF CEMETERY OR CREMATORY St. Maurice Cemetery	
24d. LOCATION (City, town, or county) (State) Morrisonville, Illinois					

DATE REC'D BY LOCAL REG. 7-16-1951		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Oran, Mo.	
--	--	---	--	--	--

RECEIVED

JUL 24 1951

DISTRICT HEALTH OFFICE No. 6

File No. ².....

1951 1 8 701

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, ~~XXX~~.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Earl J. Smith*.....

Licensed Embalmer No. 2676.....

P. O. Address Oran, 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.