

FILED JAN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2046**

BIRTH NO. --- REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **5**

1. PLACE OF DEATH
a. COUNTY **Marion**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission).
a. STATE **Missouri** b. COUNTY **Marion**

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN **Hannibal**

c. LENGTH OF STAY (in this place)

c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN **Hannibal**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
315a No. Main St.,

d. STREET ADDRESS (If rural, give location)
315a N. Main St., *0644*

3. NAME OF DECEASED (Type or Print)

a. (First) **John**

b. (Middle) **Wilmington**

c. (Last) **Codd**

4. DATE OF DEATH (Month) (Day) (Year)
1-1-54

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH **5/30/1876**

9. AGE (In years last birthday) **77** IF UNDER 1 YEAR **7** MONTHS IF UNDER 1 HR. **7** HOURS MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Railroad Worker

10b. KIND OF BUSINESS OR INDUSTRY
Retired

11. BIRTHPLACE (State or foreign country)
Michigan

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE
Mary Codd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
491-14-7673

17. INFORMANT'S SIGNATURE AND ADDRESS
Thomas Codd, 2015 N. Damen Ave

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION **Chicago, Ill**
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Heart Disease**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Died in chair**

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4343

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
E. M. Lucke M.D. Registrar

23b. ADDRESS
Hannibal, Mo

23c. DATE SIGNED
1-9-54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
1/4/54

24c. NAME OF CEMETERY OR CREMATORY
Mt. Olivet Cemetery

24d. LOCATION (City, town, or county) (State)
Hannibal, Mo.

DATE REC'D BY LOCAL REG.
1/9/54

REGISTRAR'S SIGNATURE
E. M. Lucke Deputy

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS
H. M. O'Donnell

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

RECEIVED JAN 13 1957
MARION CO. HEALTH DEPT.
DATE FILED JAN 13 1957

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 J. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Nannula, 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.