

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 22359

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 295	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R. F. D. #1 Cape Girardeau		c. LENGTH OF STAY (In this place) 23 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		0164	
d. FULL NAME OF HOSPITAL OR INSTITUTION R#1 Canaha Trail Cape Gir				d. STREET ADDRESS (If rural, give location) R. F. D. #1 Canaha Trail Cape Girardeau			
3. NAME OF DECEASED a. (First) Mary			b. (Middle) L.		c. (Last) Todd		4. DATE OF DEATH Aug. 3, 1954
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 9, 1885	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 2		IF UNDER 1 YEAR Days 24		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work			10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (City and State or Foreign Country) Williams Co Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Henry Clay South			13b. MOTHER'S MAIDEN NAME Rachel Bradshaw		14. NAME OF HUSBAND OR WIFE James H Todd		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James H Todd R#1 Cape Girardeau			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous Cerebral thrombosis 2 yrs ago				INTERVAL BETWEEN ONSET AND DEATH 10 years 7	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443 X				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1952 to Aug 3, 1954, that I last saw the deceased alive on Aug 3, 1954, and that death occurred at 10:25 P.M., from the causes and on the date stated above.							
23a. SIGNATURE John Besier				23b. ADDRESS Cape Girardeau Mo		23c. DATE SIGNED Aug 4, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/5/54		24c. NAME OF CEMETERY OR CREMATORY Walker Hill Cem.		24d. LOCATION (City, town, or county) (State) Grand Tower Ill.	
DATE REC'D BY LOCAL REG. 8-4-54		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE J. A. Haman		ADDRESS Cape Girardeau Mo	

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

FEB 29 1956

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 L. L. Hansen

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau 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.