No. 300
10.48

FILED FEB 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2470

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4459 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: ST. CLAIR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OSCEOLA
c. LENGTH OF STAY (In this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Todd's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Clair
c. CITY OR TOWN: OSCEOLA
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 9-Mi East

3. NAME OF DECEASED (Type or Print)
a. (First): WINNIE
b. (Middle): E
c. (Last): TODD

4. DATE OF DEATH (Month) (Day) (Year): JAN. 18 1957

5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 7 1890
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPING
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): St Clair Co Mo
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Samuel Howerton
13b. MOTHER'S MAIDEN NAME: Catherine Alexander
14. NAME OF HUSBAND OR WIFE: L. J. Todd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Jean Todd — ADDRESS: K.C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 2 WEEKS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) HYPERTENSION — UNKNOWN
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331 X
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) m.
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* NOVEMBER *1956, to* JANUARY *1957, that I last saw the deceased alive on* JAN. 18 *1957, and that death occurred at* 1:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. L. Shipman, D.O.
23b. ADDRESS: Osceola, Mo.
23c. DATE SIGNED: 1-20-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-21-57
24c. NAME OF CEMETERY OR CREMATORY: Kings Prairie
24d. LOCATION (City, town, or county) (State): Lerster Mo

DATE REC'D BY LOCAL REG.: 1-30-57
REGISTRAR'S SIGNATURE: Ruth Sievers
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Goodrich Home - Osceola Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed F B [illegible]

Licensed Embalmer No 303

P. O. Address Osceola

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.