

FILED MAR 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5195

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3331 Registrar's No. 6

502

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

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>DESOTO</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>POTOSI 1001</b>	
c. LENGTH OF STAY (in this place) <b>7 Months</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1022 So. 3rd St.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>LILLIE</b>	b. (Middle) <b>MAE</b>	c. (Last) <b>TRODO</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 26 1950</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>5-25-1868</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>9</b>	IF UNDER 12 HRS. Days <b>1</b>	IF UNDER 60 MIN. Hours <b>1</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>JAMES DUNCAN</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ELISE MASON</b>	ADDRESS <b>DESOTO, MO</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>years</b> <b>unknown</b> <b>28/00</b> <b> yrs.</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pernicious anemia</b>		
	DUE TO (c) <b>Gen. rheumatoid arthritis</b>		
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	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)	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 **28 Oct**, 19**49**, to **26 Feb**, 19**50**, that I last saw the deceased alive on **25 Feb**, 19**50**, and that death occurred at **6:42 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harv. W. ... M.D.</b> (Degree or title)	23b. ADDRESS <b>Desoto Mo.</b>	23c. DATE SIGNED <b>28 Feb 50.</b>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <b>Feb 28, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NEW MASONIC</b>	24d. LOCATION (City, town, or county) (State) <b>Potosi MO</b>
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DATE REC'D BY LOCAL REG. <b>3/4/50</b>	REGISTRAR'S SIGNATURE <b>Marie Ferris</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Boyer Funeral Home</b>	ADDRESS <b>Potosi, Mo.</b>
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MAR 7 1950

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED 3-6-50

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 Howard Higgenbotham

Licensed Embalmer No. 4578

P. O. Address Postville, 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.