

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38089

State File No.

FILED NOV 27 1951

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 1119

610

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hudson 14.1 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 2008</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildreth Sanatorium</u>		d. STREET ADDRESS (If rural, give location) <u>Union Blvd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>R.</u> c. (Last) <u>Todd</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 8, 1951</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 5, 1863</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months Days <u>9 2</u>	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gen. Agent-Ret. C.B.T.Q. R.R.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <u>Will S. Todd</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ewell</u>		14. NAME OF HUSBAND OR WIFE <u>Murdret Grier Todd</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H. R. Todd</u>		ADDRESS <u>Columbia, Mo.</u>	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombotic Encephaloma</u> DUE TO (c) <u>Arteriosclerosis</u>					
		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 <u>332X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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?	

22. I hereby certify that I attended the deceased from Sept. 5, 1950 to Nov. 7, 1951, that I last saw the deceased alive on Nov. 7, 1951, and that death occurred at 9:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Eldon A. Morgan, D.O.</u>		(Degree or title)		23b. ADDRESS <u>S. H. O. S. Macon, Mo.</u>		23c. DATE SIGNED <u>11-7-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/8/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Belfontaine</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>11/16/51</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>		185		FUNERAL DIRECTOR'S SIGNATURE <u>Albert Stumm</u>		ADDRESS <u>Macon Mo</u>	
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RECEIVED 11/20/51
MACON COUNTY HEALTH DEPARTMENT
County File No. 11-51-187
Date Filed 11/20/51

DEC 5 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Thos. L. Bolt*

Signed.....
Student Embalmer

Licensed Embalmer No. *4552*

P. O. Address *Macon, Ga.*

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.