U.S. No. 300
Rev. 10.48

FILED APR 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8798

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5118 Registrar's No. 98

0100
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Columbia~~ Missouri Rural
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Columbia Route # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Columbia Mo.~~ Rural Missouri
d. STREET ADDRESS (If rural, give location): Missouri T S 0100

3. NAME OF DECEASED (Type or Print)
a. (First): Bessie
b. (Middle): Lee
c. (Last): Todd

4. DATE OF DEATH (Month) (Day) (Year): April 1st 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 8 1895
9. AGE (In years last birthday): 57 — If under 1 year: Months 7, Days 23 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Boone Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert Coleman
13b. MOTHER'S MAIDEN NAME: Stella Hutchison
14. NAME OF HUSBAND OR WIFE: Early Todd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Early Todd R3 — ADDRESS: Columbia 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) Myocardial Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 9-17-52, 4-1-53, Hist. Child Hood

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Systolic Murmur — 4-1-53
DUE TO (c) History Rheumatic Fever — About 1915

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 415X
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* May 1, 1942, *to* April 1, 1953, *that I last saw the deceased alive on* Apr 1, 1953, *and that death occurred at* 8:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter Sparks DO
23b. ADDRESS: 311 Christian Col Ave. Columbia Mo
23c. DATE SIGNED: 4-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 3rd 53
24c. NAME OF CEMETERY OR CREMATORY: Fairview
24d. LOCATION (City, town, or county) (State): Columbia Mo

DATE REC'D BY LOCAL REG.: April 4 1953
REGISTRAR'S SIGNATURE: Mrs R E. Palmer 3/2
25. FUNERAL DIRECTOR'S SIGNATURE: Willett Funeral Home — ADDRESS: Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 13 1955

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 Lyman N. Shinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.