

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

State File No. **29289**
Registrar's No. **96**

FILED **AUG 17 1953**

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5725**

1. PLACE OF DEATH a. COUNTY Macou		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILL b. COUNTY McLean	
b. CITY OR TOWN Rural Hudson		c. CITY OR TOWN LeROY	
c. LENGTH OF STAY (In this place) 3 mo. 9 da		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION Still-Hildreth Sanatorium		8120 8	

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) _____ c. (Last) Healed	4. DATE OF DEATH (Month) July (Day) 17 (Year) '53
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH May 25, 1874	9. AGE (In years last birthday) 79	10. IF UNDER 1 YEAR: Months _____ Days _____	11. IF UNDER 1 YEAR: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) McLean County - Ill	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Obedia S. Healed
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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 Obedia S. Healed	ADDRESS LeROY ILL
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis - Terminal Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombotic Encephalomalacia Cerebral Hemorrhage DUE TO (c) Advanced Arteriosclerosis		
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? 332X 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 **Apr. 7, 1953**, to **July 17, 1953**, that I last saw the deceased alive on **July 17, 1953**, and that death occurred at **5:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edwin A. Morgan, D.O.	23b. ADDRESS S.H.O.S. Macou, Mo.	23c. DATE SIGNED 7-17-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 17, 1953	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) LeROY ILL.
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DATE REC'D BY LOCAL REG. 8/4/53	REGISTRAR'S SIGNATURE Auth McNeely	25. FUNERAL DIRECTOR'S SIGNATURE Ch. Lester Bram	ADDRESS Macou Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8.19.53
MASON COUNTY HEALTH DEPARTMENT
County File No. 8.53.142
Date Filed 8.13.53

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 Howard Lyman

Signed.....
Student Embalmer

Licensed Embalmer No. 4494

P. O. Address Macon 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.