THE DIVISION OF HEALTH OF MISSOURI

MAR 23 1956

STANDARD CERTIFICATE OF DEATH

State File No. 12041

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 6115 Registrar's No. 45

1. PLACE OF DEATH

a. COUNTY: Stoddard Scott

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salcedo Richland Twp

c. LENGTH OF STAY (in this place): 2 mos.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. #1 Box 154

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: Stoddard Scott

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bell City

d. STREET ADDRESS (If rural, give location): 1030

3. NAME OF DECEASED (Type or Print)

a. (First): Leoda

b. (Middle): —

c. (Last): Tandy

4. DATE OF DEATH (Month) (Day) (Year): 3--9--56

5. SEX: Female

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow

8. DATE OF BIRTH: Jan 7 1913

9. AGE (In years last birthday): 43

IF UNDER 1 YEAR: Months: 1 Days: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Villa Ridge Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Tandy

13b. MOTHER'S MAIDEN NAME: Dora Bell

14. NAME OF HUSBAND OR WIFE:

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.: not known

17. INFORMANT'S SIGNATURE OR NAME: Lingy Smith

ADDRESS: R.F.D. #1 Box 154 Bell City 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: 24 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

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: 331X

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* 3-8, 1956, *to* 3-9, 1956, *that I last saw the deceased alive on* 3-9, 1956, *and that death occurred at* 8:05a *m., from the causes and on the date stated above.*

23a. SIGNATURE: F. M. Farro (Degree or title): M.D.

23b. ADDRESS: Moselle, Mo

23c. DATE SIGNED: 3-9-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3/14/56

24c. NAME OF CEMETERY OR CREMATORY: Lincoln

24d. LOCATION (City, town, or county) (State): Mounds, Pulaski, Illinois

DATE REC'D BY LOCAL REG.: 3-13-56

REGISTRAR'S SIGNATURE: Mrs Ella Hunter

25. FUNERAL DIRECTOR'S SIGNATURE: T. S. Vanaldson

ADDRESS: 626 W. Manker Farmington Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 19 1956

DATE RECEIVED _____

SCOTT CO. HEALTH DEPT.

CO. FILE No. 356-69

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 Carlotos S. Unaldra

Licensed Embalmer No. 4935

P. O. Address 624 W. Mar
Charleston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.