

Health, Welfare and Public Service
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 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 Doctor, coroner, etc.: most use only standard manufacturer's form. All diseases in Part I must be causally related.

FILED MAR 21 1958

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-011026
 STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY OR TOWN <u>LOUISIANA</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>LOUISIANA</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>412 SOUTH 5TH ST</u> Length of stay in lb <u>4 Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>412 SOUTH 5TH ST.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>SIM</u> Middle <u>-</u> Last <u>TODD</u>			4. DATE OF DEATH Month <u>MARCH</u> Day <u>15</u> Year <u>1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC. 14, 1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if unpaid) <u>CONTRACTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDING</u>	11. BIRTHPLACE (City and state or country) <u>KAHOKA, MO</u>
13a. FATHER'S NAME <u>CHARLIE TODD</u>		13b. MOTHER'S MAIDEN NAME <u>KATE ADAMS</u>	14. NAME OF HUSBAND OR WIFE <u>LEILA TODD</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>.</u>	17. INFORMANT Address <u>MRS. LEILA TODD, LOUISIANA, MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral vascular accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Hypertensive Cardio-vascular disease with auricular fibrillation-years and peripheral edema</u> DUE TO (c) <u>and peripheral edema</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>443 X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>----</u>	
20c. TIME OF INJURY .Hour _____ .Month _____ .Day _____ .Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>----</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>-----</u>	
21. I attended the deceased from <u>1/7/58</u> to <u>3/15/58</u> and last saw her alive on <u>3/14/58</u> Death occurred at _____ A <u>am</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Chas. H. Hewellen M.D.</u>		22b. ADDRESS <u>Louisiana, Mo.</u>	
22c. DATE SIGNED <u>3/17/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MARCH 17, 1958</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>RIVERVIEW</u>	23d. LOCATION (City, town, or county) (State) <u>LOUISIANA, MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>GEO. M. COLLIER - LOUISIANA, MO.</u>		25. DATE REC'D. BY LOCAL REG. <u>March 17, 1958</u>	
		26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	

(Licensed Embalmer's Statement on Reverse Side)

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
Signature of Student Embalmer

Signed *Geo. M. Collier*

Licensed Embalmer No. *3839*
P. O. Address *Louisiana*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.