

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027873

FILED VS AUG 3 1960 278

Primary Registration District No. 3054 Registrar's No. 98

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <b>Pike</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Pike</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Louisiana</b>		Length of stay in 1b <b>3 yrs</b>		c. CITY OR TOWN <b>Louisiana</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>412 So. 5th St</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>412 so. 5th St</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>LELLA</b> Middle <b>GEORGE</b> Last <b>TODD</b>				4. DATE OF DEATH Month <b>July</b> Day <b>30</b> Year <b>1960</b>					
5. SEX <b>Female</b>	6. RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11/12/1873</b>	9. AGE (last birthday) <b>86</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done of most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Pike Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>John S. Martin</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Mc Elwee</b>			14. NAME OF HUSBAND OR WIFE <b>Sim Todd, Deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, <b>No</b> (unknown)) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Fed Martin Louisiana Mo.</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Circulatory Failure</b> DUE TO (b) <b>Decompensated Hypertensive Heart Disease</b> DUE TO (c) <b>Advanced Arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown								INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b> <b>unknown</b> <b>unknown</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)					
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year								
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>7-25-60</b> to <b>7-30-60</b> and last saw her alive on <b>7-30-60</b> Death occurred at <b>11:50 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>Per J. Brohman</b> (Degree or title)				22b. ADDRESS <b>218 N 5th St. Louisiana Mo</b>				22c. DATE SIGNED <b>8-1-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug, 1, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>			23d. LOCATION (City, town, or county) <b>Louisiana Mo</b>		(State)	
24. FUNERAL DIRECTOR ADDRESS <b>Sterne Funeral Home Louisiana, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Aug 1-1960</b>		26. REGISTRAR'S SIGNATURE <b>Bernice Collier</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

x APR 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_ Signature of Student Embalmer

Signed *J.B. Sterne*

Licensed Embalmer No. 4039  
P. O. Address Louisiana

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.