

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43792**

FILED JAN 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **348** PRIMARY REG. DIST. NO. **4580** Registrar's No. **58**

**1. PLACE OF DEATH**  
 a. COUNTY **Sullivan**  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Osgood**  
 c. LENGTH OF STAY (in this place) **Life**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
 a. STATE **Mo** b. COUNTY **Sullivan**  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Osgood** **1050**  
 d. STREET ADDRESS (If rural, give location) **8**

**3. NAME OF DECEASED**  
 a. (First) **WILLIAM ALLEN** b. (Middle) **TODD** c. (Last) \_\_\_\_\_  
 (Type or Print)

**4. DATE OF DEATH** (Month) (Day) (Year)  
**12-25-1951**

**5. SEX**  
**M**

**6. COLOR OR RACE**  
**W**

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)  
**Married**

**8. DATE OF BIRTH**  
**1-13-1879**

**9. AGE** (In years last birthday)  
**72**

**10. IF UNDER 1 YEAR** Months \_\_\_\_\_ Days \_\_\_\_\_  
**IF UNDER 100 HOURS** Hours \_\_\_\_\_ Min. \_\_\_\_\_

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

**10b. KIND OF BUSINESS OR INDUSTRY**  
**Barber**

**11. BIRTHPLACE** (State or foreign country)  
**Mo. D**

**12. CITIZEN OF WHAT COUNTRY?**  
**USA**

**13a. FATHER'S NAME**  
**S. H. Todd**

**13b. MOTHER'S MAIDEN NAME**  
**Polly Ann Barton**

**14. NAME OF HUSBAND OR WIFE**  
**Mrs Lennie Todd Osgood Mo**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**  
 NO

**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS  
**Mrs Lennie Todd Osgood 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, asthma, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Apoplexy**  
**ANTECEDENT CAUSES**  
**Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.** DUE TO (b) **Hypertension**  
 DUE TO (c) \_\_\_\_\_  
**II. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death but not related to the disease or condition causing death.

**INTERVAL BETWEEN ONSET AND DEATH**

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**  
**334X**

**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) \_\_\_\_\_

**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** **12/25**, 19**51**, to **12/25**, 19**51**, that I last saw the deceased alive on **12/25**, 19**51**, and that death occurred at **8:45 P.M.**, from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title)  
**A. Walker Esq. D.O.M.**

**23b. ADDRESS**  
**Salt Mo**

**23c. DATE SIGNED**  
**12/27/51**

**24a. BURIAL, CREMATION, REMOVAL** (Specify)

**24b. DATE**  
**12-28-1951**

**24c. NAME OF CEMETERY OR CREMATORY**  
**Camp Ground Cem**

**24d. LOCATION** (City, town, or county) (State)  
**Osgood Mo Rural**

**DATE REC'D BY LOCAL REG.**  
**12-29-51**

**REGISTRAR'S SIGNATURE**  
**Greta Caldwell**

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS  
**PK Payne Salt Mo**

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

050

Date Received: JAN 2 1952  
DISTRICT HEALTH OFFICE #2  
District File Number 1-52-2  
Date Filed: JAN 7 1952

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 P. K. Payne Jr.

Signed.....  
Student Embalmer

Licensed Embalmer No. 3400

P. O. Address Salt

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.