

# STANDARD CERTIFICATE OF DEATH

**APR 29 1952**

REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **131**

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>	
c. LENGTH OF STAY (In this place) <b>4 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>310 W. 10th St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>310 W. 10th St</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Nathan</b> c. (Last) <b>Todd</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr 12, 1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Nov. 27, 1867</b>		9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR: Months <b>4</b> Days <b>15</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>		11. BIRTHPLACE (State or foreign country) <b>Franklin County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Jackson Todd</b>		13b. MOTHER'S MAIDEN NAME <b>Harriett M. Neal</b>		14. NAME OF HUSBAND OR WIFE <b>Laura Moore Todd</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Laura Todd, Sedalia, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Myocardial infarction</b>			
		DUE TO (c) <b>Virus Infection Respiratory</b>			
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from **April 5, 1952**, to **April 12, 1952**, that I last saw the deceased alive on **April 12, 1952**, and that death occurred at **10:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ed Swarley M.D.</b>		(Degree or title)		23b. ADDRESS <b>Sedalia MO</b>		23c. DATE SIGNED <b>April 14-52</b>	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-12-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo</b>	

DATE REC'D BY LOCAL REG. <b>4/12/52</b>		REGISTRAR'S SIGNATURE <b>W. E. Campbell M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. E. Campbell M.D. Sedalia, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.