

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JUL 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5543 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lisbon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lisbon</u> <u>0 450</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boonlick Twnshp</u>		d. STREET ADDRESS (If rural, give location) <u>Boonlick Twnshp</u>	
3. NAME OF DECEASED (Type or Print) <u>EARL</u> a. (First) _____ b. (Middle) _____ c. (Last) <u>TORODE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 9 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 12 1884</u>
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Depler Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Torode</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Hill</u>	
14. NAME OF HUSBAND OR WIFE <u>Gladya Butler</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>Not Available</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Earl Torode</u> ADDRESS <u>Glagon, Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crowned Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4201</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		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 <u>6-9 1953</u> , to <u>6-9 1953</u> , that I last saw the deceased <u>pass on</u> <u>6-9 1953</u> , and that death occurred at <u>6</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Walt Bloom M.D.</u> (Degree or title)		23b. ADDRESS <u>Fayette, Mo</u>	
23c. DATE SIGNED <u>6-9-53</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>	
24b. DATE <u>June 10 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Boonville, Mo.</u>		DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE <u>Walker Audsley</u> FUNERAL DIRECTOR'S SIGNATURE <u>Audsley</u> ADDRESS <u>Trinmouth, Glasgow, Mo.</u>	

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

0 450

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 *W. W. Fremont*

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.