No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4655

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 4219 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Hickory
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weaubleau
c. LENGTH OF STAY (in this place): 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Eastins Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Hickory
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weaubleau 2430
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Levi
b. (Middle): --
c. (Last): Todd

4. DATE OF DEATH (Month) (Day) (Year): Feb; 12, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec, 5, 1872
9. AGE (In years last birthday): 81 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Resturant
10b. KIND OF BUSINESS OR INDUSTRY: Operator
11. BIRTHPLACE (State or foreign country): ## Gerster Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Todd
13b. MOTHER'S MAIDEN NAME: Samantha Gamble
14. NAME OF HUSBAND OR WIFE: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Faye Parks, — **ADDRESS**: Weaubleau 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Thrombosis
DUE TO (c) Prostatic Condition & Catheterization

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: 611 X
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) m.
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* 1945, 19__, *to* Feb. 12, 1954, *that I last saw the deceased alive on* Feb. 12, 1954, *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. K. Easton (Degree or title): M.D.
23b. ADDRESS: Weaubleau Mo
23c. DATE SIGNED: Feb 15 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-14-54
24c. NAME OF CEMETERY OR CREMATORY: Kings Prairie
24d. LOCATION (City, town, or county) (State): Gerster Missouri

DATE REC'D BY LOCAL REG.: 2-15-54
REGISTRAR'S SIGNATURE: Mary Johnson 464-0
25. FUNERAL DIRECTOR'S SIGNATURE: J. B. Goodrich — **ADDRESS**: Osceola Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 F B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.