

FILED JUL 13 1955

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17649**

BIRTH NO. **33901-55** REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **119**

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Mexico</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Upper loutre</b>	
c. LENGTH OF STAY (In institution) <b>510</b>		d. STREET ADDRESS (If rural, give location) <b>2 mile N. W. Wellsville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain County Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>VICKIE</b>	b. (Middle) <b>ERLENE</b>	c. (Last) <b>TODD</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jun. 26 1955</b>
-------------------------------------	--------------------------	---------------------------	-----------------------	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED; NEVER MARRIED; WIDOWED; DIVORCED (Specify)	8. DATE OF BIRTH <b>Jun. 24 1955</b>	9. AGE (In years last birthday) <b>40</b>	IF UNDER 1 YEAR Months Days	IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>Audrain County Hospital</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. a.</b>		

13a. FATHER'S NAME <b>Harry Todd Jr.</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Sievert</b>	14. NAME OF HUSBAND OR WIFE <b>- - - - -</b>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Harry W. Todd, Jr.</b>	ADDRESS <b>Wellsville, Mo.</b>
--	-------------------------------------	---	--------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prenatal spontaneous birth</b>		
	DUE TO (c)		
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 <b>7235</b>	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)	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 **June 24, 1955** to **June 25, 1955**, that I last saw the deceased alive on **June 25, 1955**, and that death occurred at **\_\_\_\_\_ m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>M. D. Todd</b>	(Degree or title) <b>M. D.</b>	23b. ADDRESS <b>Mexico, Mo.</b>	23c. DATE SIGNED <b>July 1, 1955</b>
----------------------------------	--------------------------------	---------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/26/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wellsville City Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Wellsville, Missouri</b>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <b>July 11 - 1955</b>	REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. B. Wells</b>	ADDRESS <b>Wellsville Mo.</b>
--	--	---	-------------------------------

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

*A. B. Wells*

Licensed Embalmer No. *1588*

P. O. Address

*Wellsville, Md*

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.

*In Embalming*