

FILED FEB 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2023

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>30</u>			
1. PLACE OF DEATH a. COUNTY <u>Marion County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal, Mo.</u>		c. LENGTH OF STAY (If this place) <u>1 Wk.</u>		c. CITY OR TOWN <u>Shelbina</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospt.</u>				e. STREET ADDRESS (If rural, give location) <u>X</u>				<u>1020</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u>			b. (Middle) <u>SAMUEL</u>		c. (Last) <u>TODD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-15-1956</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>11-24-1893</u>		9. AGE (In years last birthday) Months Days <u>62</u> <u>1</u> <u>21</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>County Judge</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Samuel Todd</u>			13b. MOTHER'S MAIDEN NAME <u>Effie Harding</u>			14. NAME OF HUSBAND OR WIFE <u>Gordon Todd</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>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Gordon Todd, Shelbina, 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>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aortic valvulitis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H261</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 Wk</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Nov. 1955</u> to <u>Jan. 15, 1956</u> , that I last saw the deceased alive on <u>Jan. 14, 1956</u> , and that death occurred at <u>8:05P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. W. Hercher M.D.</u>				23b. ADDRESS <u>Shelbina, Mo</u>			23c. DATE SIGNED <u>1-19-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-18-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bacon Chapel Bemt.</u>		24d. LOCATION (City, town, or county) (State) <u>Shelby Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-24-56</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Tucker By W. C. Fisher</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barkelaw & Hawkins, Shelbina, Mo.</u>				

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

RECEIVED FEB 1 1956
MARION CO. HEALTH DEPT.
DATE FILED FEB 1 1956

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.....
Signature of Student Embalmer

Signed *W. H. Hawes*

Licensed Embalmer No. *349*

P. O. Address *Steelers*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.