

- THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2408**

FILED FEB 14 1956

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Boone	
b. CITY OR TOWN Moberly		c. CITY OR TOWN Columbia, MO	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 wks.		e. STREET ADDRESS (If rural, give location) 3 Miles Southwest of Columbia, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCormick Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Early b. (Middle) Todd c. (Last) Todd			4. DATE OF DEATH (Month) (Day) (Year) February 1, 1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Feb. 16, 1896	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Days 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and State or Foreign Country) Boone County		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Daniel Todd	13b. MOTHER'S MAIDEN NAME Sarah Turner	14. NAME OF HUSBAND OR WIFE Bessie Todd (deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Johnnie Todd ADDRESS Columbia, Mo. Route 3
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		18 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Leukemia DUE TO (c) Carcinoma-site and duration		3 days unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dog bite on legs, Rabies undiagnosed		22 days	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 2044C	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Jan 10, 1956, to Feb 1, 1956, that I last saw the deceased alive on Feb 1, 1956, and that death occurred at 4:48 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. J. S. Jolly D.O.	23b. ADDRESS 203 1/2 N. Clark St., Moberly, Mo.	23c. DATE SIGNED 2-2-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2-3-56	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	24d. LOCATION (City, town, or county) (State) Boone County, 2 miles Southwest Col. Mo.
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DATE REC'D BY LOCAL REG. 2-3-56	REGISTRAR'S SIGNATURE C. Cabell	25. FUNERAL DIRECTOR'S SIGNATURE Memorial Funeral Home ADDRESS Columbia, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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 *Lynard H. Sprinkle*.....

Licensed Embalmer No. *4013*.....

P. O. Address *Columb*.....

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.