

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 19 1956

17219-56

BIRTH NO. 256 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY PETTIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		c. LENGTH OF STAY (in this place) 1 days	c. CITY OR TOWN HUGHESVILLE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> USA
d. FULL NAME OF HOSPITAL OR INSTITUTION BOTHWELL HOSPITAL			e. STREET ADDRESS (If rural, give location) ROUTE 2, Hughesville Tshp.		
3. NAME OF DECEASED (Type or Print) a. (First) REBECCA b. (Middle) SUE c. (Last) TODD			4. DATE OF DEATH (Month) (Day) (Year) Mar 9, 1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH March 8, 1956	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 1 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Todd		13b. MOTHER'S MAIDEN NAME Mary Smith Todd		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or date of service) None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Todd, Hughesville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Styline Membrane Disease ANTECEDENT CAUSES premature birth Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 day
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) 2891
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **8 Mar, 1956** to **9 Mar, 1956**, that I last saw the deceased alive on **9 Mar, 1956** and that death occurred at **4:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE **Carl Oshegel** (Print name of signer) 23b. ADDRESS **216 West 18th St. Sedalia, Mo** 23c. DATE SIGNED **9 Mar 56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **3-11-1956** 24c. NAME OF CEMETERY OR CREMATORY **Providence** 24d. LOCATION (City, town, or county) (State) **Patot Grove (Rural) Mo**

DATE REC'D BY LOCAL REG. **3-11-1956** REGISTRAR'S SIGNATURE **Lawrence County Deputy** 25. FUNERAL DIRECTOR'S SIGNATURE **Marlene Ewing**

(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 em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *P. E. Baker*.....

Licensed Embalmer No. *19*.....

P. O. Address *Delaware*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.