

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19703

STATE FILE NUMBER

1000

689

FILED JUL 2 1956

42

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Plette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Deerborn	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 3 days		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Thomes Middle Sidney Last Todd			4. DATE OF DEATH Month June Day 20 Year 1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Merch 2, 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and state or country) Buchanan Co. Mo.	
13. FATHER'S NAME William Jefferson Todd			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			14. MOTHER'S MAIDEN NAME Elizabeth Cox		17. INFORMANT Address Mrs. Amende Todd Deerborn, Mo.
16. SOCIAL SECURITY NO. none					

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE - (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 days 5 years
DUE TO (b) arteriosclerosis		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 331X		
20c. TIME OF INJURY Hour. Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home; farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6-19-56 to 6-20-56 and last saw ^{her} _{him} alive on 6-19-56 Death occurred at 6:30 ^{PM} on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE D. L. Durham, M.D. (Degree or title)		22b. ADDRESS Deerborn Mo		22c. DATE SIGNED 6-22-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-23-1956		23c. NAME OF CEMETERY OR CREMATORY Old Frame Cem.	
23d. LOCATION (City, town, or county) Buchanan Co. Mo.				(State)	
24. FUNERAL DIRECTOR Vaughn-Augrenc ADDRESS Deerborn, Mo.			25. DATE RECD. BY LOCAL REG. June 25, 1956		26. REGISTRAR'S SIGNATURE Cather M. Allison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. P. Vaughn*.....

Licensed Embalmer No. *40*

P. O. Address *West*.....

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