

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

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

FILED SEP 12 1956

State File No. **27540**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **173**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Linn</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marceline, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Salisbury</b>	
c. LENGTH OF STAY (In this place) <b>14 days</b>		d. STREET ADDRESS (If rural, give location) <b>North Weber Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			

<b>3. NAME OF DECEASED</b> a. (First) <b>Arthur</b> b. (Middle) <b>Franklin</b> c. (Last) <b>Todd</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Aug. 21 1956</b>		
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>June 21, 1874</b>	<b>9. AGE (In years last birthday)</b> <b>82</b>	<b>IF UNDER 1 YEAR</b> Months <b>2</b> Days <b>4</b>	<b>IF UNDER 24 HRS.</b> Hours <b>4</b> Mins.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>General Farming</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>0</b> <b>Thomas Hill, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Jerome Todd</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Margaret Alexander</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Willie Gandy Todd</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Miss Ann Todd Salisbury, Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>MI</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<b>Myocardial Insufficiency</b>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4221</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 8-11, 1956, to 8-24, 1956, that I last saw the deceased alive on 8-24, 1956, and that death occurred at 6:00 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>M. S. Riggall M.D.</b>	<b>23b. ADDRESS</b> <b>Marceline Mo.</b>	<b>23c. DATE SIGNED</b> <b>8-25-56</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>burial</b>	<b>24b. DATE</b> <b>8-27-56</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>City Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Salisbury Mo</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>8-27-56</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Mary J. Rogway</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Chas B Winhelmer, Salisbury, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

*Chas B. Winkelmeier*

Licensed Embalmer No. *3842*

P. O. Address *Salisbury, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.