

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44637  
STATE FILE NUMBER  
6004

FILED JAN 8 1958

Registration District No. 149 Primary Registration District No. 102 Registrar's No.

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>110 EAST DARTMOUTH ROAD</b>	
3. NAME OF DECEASED (Type or print) First <b>CORA</b> Middle <b>FRANCES</b> Last <b>TODD</b>		4. DATE OF DEATH Month <b>DEC</b> Day <b>17</b> Year <b>1957</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APR. 5 - 1881</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>76</b>
11. BIRTHPLACE (City and state or country) <b>LAFAYETTE COUNTY, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>DAVID C. SLUSHER</b>		13b. MOTHER'S MAIDEN NAME <b>RACHAEL ANN McCORMICK</b>	
14. NAME OF HUSBAND OR WIFE <b>ROGER S. TODD</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>C. FOREST OREAR</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebrovascular embolism</b>		INTERVAL BETWEEN ONSET AND DEATH <b>11 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardiovascular Disease</b>		<b>15 mos.</b>	
DUE TO (c)		<b>443 x H</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertrophic Arthritis, Leukemia and meningioma left frontal</b>		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.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 <b>September 1957 to Dec. 16 1957</b> and last saw her alive on <b>December 16, 1957</b> Death occurred at <b>5:55 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Donald McFerris MD</i> (Degree or title)		22b. ADDRESS <b>4620 North Bend</b>	
22c. DATE SIGNED <b>12/17/57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>DEC-19-1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>CEM WASHINGTON</b>	
23d. LOCATION (City, town, or county) <b>KANSAS CITY MISSOURI</b>		23e. (State)	
24. FUNERAL DIRECTOR <b>DW. NEWCOMER'S SONS</b>		25. DATE RECD. BY LOCAL REG. <b>12-18-57</b>	
ADDRESS <b>1331 BRUSH CREEK KANSAS CITY MO</b>		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Florence E. Mac Innis MEDICAL CERTIFICATION 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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Albert L. Savage* .....

Licensed Embalmer No. *4812* .....  
P. O. Address *Keno, Ky.* .....

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.