

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041103
STATE FILE NUMBER

FILED DEC 4 1958 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 253

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|--|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Randolph | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri | | b. COUNTY Randolph | |
| b. CITY (If outside corporate limits, give TOWNSHIP only). OR TOWN Moberly | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Moberly | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 838 Franklin St. | | Length of stay in lb 40 Yrs | | d. STREET ADDRESS 838 Franklin St. | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last OMAR MARTIN TODD | | | 4. DATE OF DEATH Month Day Year NOV. 24 1958 | | |
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| 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 April 7, 1878 | 9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 MRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Baggageman | 10b. KIND OF BUSINESS OR INDUSTRY Wabash RR Co. | 11. BIRTHPLACE (City and state or country) Madison, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Robert Y. Todd | 13b. MOTHER'S MAIDEN NAME Susan Dunaway | 14. NAME OF HUSBAND OR WIFE Jessie |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 712-14-9311 | 17. INFORMANT Mrs. O. M. Todd | Address Moberly |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis | | INTERVAL BETWEEN ONSET AND DEATH several months |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ | | |
| DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Hemorrhage - 8 months ago. | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4222 |
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| 20c. TIME OF INJURY Hour Month, Day, Year 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 Madison | COUNTY Missouri | STATE |
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| 21. I attended the deceased from June 4/58 Nov. 24/58 and last saw him alive on Nov. 24/58 Death occurred at 1230 pm, (noon) on the date stated above; and to the best of my knowledge, from the cause stated. | |
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| 22a. SIGNATURE Dr. R. E. Hoke, MD | 22b. ADDRESS Moberly, MO | 22c. DATE SIGNED 11/29/58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Nov. 27, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Sunset Hill | 23d. LOCATION (City, town, or county) Madison | COUNTY Missouri | STATE |
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| 24. FUNERAL DIRECTOR Mahan Funeral Service | ADDRESS Moberly | 25. DATE RECD. BY LOCAL REG. 11-27-58 | 26. REGISTRAR'S SIGNATURE Leaburlowe |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 5 1898

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 John A. Gauer

Licensed Embalmer No. 3815

P. O. Address Moholy, Mo

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.