

FILED APR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13447

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>84</u>		
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>306 S. Wellbourn</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Yeager</u> c. (Last) <u>Todd</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 16 - 1949</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>8/30/1853</u>		9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>night watchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>night watch</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>Dr. F. B. Todd</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Eulank</u>		14. NAME OF HUSBAND OR WIFE <u>Ernest Dewdney</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Dona Todd</u> ADDRESS <u>306 S. Wellbourn Moberly Mo.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial Hemorrhage</u> Fracture pelvis <u>Simple</u> Fracture left clavicle <u>Simple</u> 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 <u>4 HOURS</u> " " " "	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>public street</u>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>Moberly, Mo. Randolph Missouri</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 15, 1949 10:00</u>		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Walked into side of moving automobile.</u> <u>121</u>				
22. I hereby certify that I attended the deceased from <u>April 15, 1949</u> , to <u>April 16, 1949</u> , that I last saw the deceased alive on <u>April 16, 1949</u> , and that death occurred at <u>210a</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Woodland Hospital, Moberly, Mo.</u>		23c. DATE SIGNED <u>Apr 18, '49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4/17/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Summit Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo.</u>		
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>Leah W. Lawler</u> <u>269</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wesley A. Thompson Moberly Mo.</u>				

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

RECEIVED

District Health Officer No.

District File Number 449

Date Filed APR 25 1949

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.

Signed
Student Embalmer

Signed

Mrs Fred A. Thompson

Licensed Embalmer No. 2242

P. O. Address Madison, Wisc.

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