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FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14605

BIRTH NO. _____ REG. DIST. NO. 351 PRIMARY REG. DIST. NO. 6186 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Taney	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Beaver		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Beaver	
c. LENGTH OF STAY (in this place) 50 Yrs		d. STREET ADDRESS (If rural, give location) Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle) Ely	c. (Last) Todd	4. DATE OF DEATH (Month) (Day) (Year)
				3 29 1949

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-3-1881	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Todd	13b. MOTHER'S MAIDEN NAME Burks	14. NAME OF HUSBAND OR WIFE Dora Minerva Davis
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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. none	17. INFORMANT'S SIGNATURE OR NAME Truman Todd	ADDRESS Bradleyville, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs 42 21
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Diabetes Mellitus		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1st, 1949, to March 1st, 1949, that I last saw the deceased alive on March 1st, 1949, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title)	23b. ADDRESS Franklin, Mo	23c. DATE SIGNED 4/22/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-30-1949	24c. NAME OF CEMETERY OR CREMATORY Patterson Cem.	24d. LOCATION (City, town, or county) (State) Bradleyville, Missouri
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DATE REC'D BY LOCAL REG. 5-19-49	REGISTRAR'S SIGNATURE E.E. Cogswell	376	25. FUNERAL DIRECTOR'S SIGNATURE John Dean Harris	ADDRESS Clever, Mo.
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25. (Licensed Embalmer's Statement on Reverse Side)

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

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

This Body Was not Embalmed.

Signed

John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clare, 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 this body is not embalmed, fact should be so stated above.