

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33446

State File No.

BIRTH NO. 64022-49 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 - Registrar's No. 136

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>704 Park Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Prussell Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>Charles</u>	c. (Last) <u>Todd</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29-1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct 12-1949</u>	9. AGE (In years last birthday) <u>17</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 15 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Kennett, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Norval Wingard Todd</u>	13b. MOTHER'S MAIDEN NAME <u>Flora Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
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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) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. M. W. Todd</u>	ADDRESS <u>Kennett, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastroenteritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Gastroenteritis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>albuminuria.</u>		28. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>albuminuria</u>	29. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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) (Min.)	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 10-28, 1949, to 10-29, 1949, that I last saw the deceased alive on 10-29, 1949, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. D. Wilson</u> (Degree or title)	23b. ADDRESS <u>Kennett, Mo.</u>	23c. DATE SIGNED <u>11-2-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-30-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cox Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-2-1949</u>	REGISTRAR'S SIGNATURE <u>Earl Husband</u>	25. FUNDRAISER'S SIGNATURE <u>L. L. Surber</u>	ADDRESS <u>Kennett, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 7 194
District Health Office No. 2,
District File Number 1149-111
Late Filed

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.