

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

No. 300  
10.48

**FILED NOV 30 1949**

State File No. **37931**  
Registrar's No. **126**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5725**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>MACON</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HUDSON (RURAL)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Guilford</b>	
c. LENGTH OF STAY (in this place) <b>9 yrs 10 m 12 d</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>STILL-HILDRETH SAN</b>			

**3. NAME OF DECEASED**  
(Type or Print) a. (First) **JOHN** b. (Middle) \_\_\_\_\_ c. (Last) **TODD**

**4. DATE OF DEATH** (Month) (Day) (Year) **NOV. 6 1949**

**5. SEX** **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married**

**8. DATE OF BIRTH** **July 27, 1882** **9. AGE (In years last birthday)** **66**

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)** **Farmer-Ret.** **10b. KIND OF BUSINESS OR INDUSTRY** **Farming**

**11. BIRTHPLACE (State or foreign country)** **Guilford, Mo.** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

**13a. FATHER'S NAME** **Robert Todd** **13b. MOTHER'S MAIDEN NAME** **Jane Beggs** **14. NAME OF HUSBAND OR WIFE** **Martha Todd**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **No** **16. SOCIAL SECURITY NO.** **None** **17. INFORMANT'S SIGNATURE OR NAME** **Guilford Mo. Martha Todd**

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)

**MEDICAL CERTIFICATION**

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **CARCINOMA OF COLON**

**ANTECEDENT CAUSES**  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death. **SENILITY + SENILE DEMENTIA**

INTERVAL BETWEEN ONSET AND DEATH **153X**

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **20. AUTOPSY?** YES  NO

**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)** \_\_\_\_\_

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) \_\_\_\_\_ **21e. INJURY OCCURRED** WHILE AT WORK  NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from** **APRIL**, 19**49**, to **NOV. 6**, 19**49**, that I last saw the deceased alive on **NOV. 6**, 19**49**, and that death occurred at **7 P. m.**, from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) **Andrew T. Stoddard, D.O.** **23b. ADDRESS** **MACON, MO** **23c. DATE SIGNED** **11-6-49**

**24a. BURIAL, CREMATION, REMOVAL (Specify)** **Removal** **24b. DATE** **11/7/49** **24c. NAME OF CEMETERY OR CREMATORY** **Graves** **24d. LOCATION (City, town, or county) (State)** **Guilford, Mo.**

**DATE REC'D BY LOCAL REG.** **11-22-49** **REGISTRAR'S SIGNATURE** **Duth McNeely** **1949** **25. FUNERAL DIRECTOR'S SIGNATURE** **Albert Thurmer** **ADDRESS** **MACON**

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 30 1949

RECEIVED 11/23/49  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 11/29/44  
Date Filed 11/23/49

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 .....  
Student Embalmer

Signed *Albert Krinner*

Licensed Embalmer No. 757

P. O. Address *Macon Ga*

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.