

FILED MAY 5 1950 STANDARD CERTIFICATE OF DEATH

12191

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 5123 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural 2 mile East of Wainwright</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural 2 miles east of Wainwright</u>	
c. LENGTH OF STAY (in this place) <u>2 miles east of Wainwright</u>		d. STREET ADDRESS <u>2 miles east of Wainwright Missouri.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles east of Wainwright</u>		e. STREET ADDRESS <u>2 miles east of Wainwright Missouri.</u>	

3. NAME OF DECEASED (Type or Print) <u>Lula Irene Todd</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 25, 1950</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 12, 1922</u>	9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u>16</u> Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>		11. BIRTHPLACE (State or foreign country) <u>Tuscumbia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Henry Varner</u>	13b. MOTHER'S MAIDEN NAME <u>Little Thornton</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Todd</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>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Todd Tebbets, Mo.</u>	ADDRESS <u>RFD 2</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTEL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis of lungs</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>102X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>-</u>	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 April 19 50 to April 25 50, 1950, that I last saw the deceased alive on April 29 50 and that death occurred at 4 29 50 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. G. Bruce M.D.</u>	(Degree or title)	23b. ADDRESS <u>334 M. Madison Jefferson City Mo.</u>	23c. DATE SIGNED <u>4/26/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4-28-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Link Cemetery Wainwright, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Wainwright, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4/29/50</u>	REGISTRAR'S SIGNATURE <u>LeRoy Cluyard</u>	39	25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buescher</u>	ADDRESS <u>Jefferson City Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Bence

RECEIVED • MAY 3 1958  
District Health Officer No. 9,  
District File Number \_\_\_\_\_

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 Victor Bence

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.