

FILED JUN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20862

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 5836 Registrar's No. 73

730
3

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

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| 1. PLACE OF DEATH a. COUNTY Newton | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Lawrence | |
| b. CITY OR TOWN Rural | | c. CITY OR TOWN Aurora 0551 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Neosho Twp. | | d. STREET ADDRESS (If rural, give location) 111 West Locust | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Marlin b. (Middle) Hart c. (Last) Todd | 4. DATE OF DEATH (Month) (Day) (Year) June 12, 1951 |
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| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan 5, 1899 | 9. AGE (In years last birthday) 52 if under 1 year: Months 5 Days 7 if under 12 mos: Hours — Min. — |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturing | 10b. KIND OF BUSINESS OR INDUSTRY Clothing | 11. BIRTHPLACE (State or foreign country) Hazen, Arkansas | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME Early M. Todd | 13b. MOTHER'S MAIDEN NAME Minnie Bush | 14. NAME OF HUSBAND OR WIFE Ruby Munson Todd |
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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 ADDRESS Ruby Munson Todd Aurora, 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 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to death when airplane | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) which he was flying DUE TO (c) Crashed at Neosho Airport Conditions contributing to the death but not related to the disease or condition causing death. E 863x | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 073 39 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Airport | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Newton County Missouri |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-12-51 6:30P m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Airplane Crashed |
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22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 6-12-1951, and that death occurred at 6:30 m., from the causes and on the date stated above.

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| 23a. SIGNATURE Early Thompson Coover | (Degree or title) 3 | 23b. ADDRESS Neosho Missouri | 23c. DATE SIGNED 6/13/51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Buried | 24b. DATE June 14, 51 | 24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery | 24d. LOCATION (City, town, or county) (State) Aurora, Missouri |
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| DATE REC'D BY LOCAL REG. June 13, 1951 | REGISTRAR'S SIGNATURE Melvin C. Benson | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Wood Aurora, Mo. |
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RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 657-155

Date Filed 6/22/51

NEOSHO, MISSOURI

JUN 27 1952

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.

Not Embalmed

Signed William W. Wood

Signed.....
Student Embalmer

Licensed Embalmer No. 4539

P. O. Address Aurora, 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.