

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26670**

FILED AUG 31 1951

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **116**

1. PLACE OF DEATH a. COUNTY Grundy 0402		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) Trenton		c. CITY (If outside corporate limits, write RURAL and give township) Trenton 0402	
d. FULL NAME OF HOSPITAL OR INSTITUTION 325 S. MAIN Trenton, Mo.		d. STREET ADDRESS (If rural, give location) 325 S MAIN 0	

3. NAME OF DECEASED (Type or Print) a. (First) Addie b. (Middle) Mae c. (Last) Todd		4. DATE OF DEATH (Month) (Day) (Year) Aug 1 1951	
5. SEX female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug 30 1875
9. AGE (In years) IF UNDER 1 YEAR last birthday Months 75 Days 11 Hours 11 Min.		11. BIRTHPLACE (State or foreign country) R.D. Springfield, Ill	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY —	
12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME Allison William Hart	13b. MOTHER'S MAIDEN NAME Deliah Jane Cobay	14. NAME OF HUSBAND OR WIFE George Todd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Todd Trenton, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Clotting of right leg 4 months (probably 1/2 heubur)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from May 1st, 1951 to Aug 1st, 1951 , that I last saw the deceased alive on Aug 1st, 1951 , and that death occurred at _____ m., from the causes and on the date stated above.		

23a. SIGNATURE Clara F. Duffey MD (Doctor or title)	23b. ADDRESS Trenton Mo	23c. DATE SIGNED Aug 1 1951
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 3 1951	24c. NAME OF CEMETERY OR CREMATORY Loft Cemetery
24d. LOCATION (City, town, or county) (State) Trenton, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Davis - Blackmer Trenton, Mo.
DATE REC'D BY LOCAL REG. 8/4/51	REGISTRAR'S SIGNATURE Jene Davis	

(Licensed Embalmer's Statement on Reverse Side)

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

E.A. Duffey



MAR 29 1968

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.

Signed Doyle E. Williams
Student Embalmer

Student Embalmer No. 421

Signed J. Gordon Blackman

Licensed Embalmer No. 4602

P. O. Address Junction, 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.