

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43154

State File No. \_\_\_\_\_  
REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 320

1-13-52  
FILED JAN 19 1952

283  
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 Delay returned for proper registration  
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>		d. STREET ADDRESS (If rural, give location) <b>444 E. Rollins</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>								
3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>G</b> c. (Last) <b>Tedford</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 25-1952</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>June 9-1881</b>		
9. AGE (In years last birthday) <b>71</b>		10. MONTHS <b>6</b>		11. DAYS <b>16</b>		9. AGE (In years last birthday) (If UNDER 1 YEAR: Months Days Hours) (If UNDER 24 HRS. Min.)		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rtd Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mo</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>John C Tedford</b>			13b. MOTHER'S MAIDEN NAME <b>Mary J. Dameron</b>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Elizabeth Tedford</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Nephrosclerosis</b>			DUPLICATE OF (b) <b>Essential Hypertension</b>				<b>2 yrs</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			DUPLICATE OF (c)				<b>10 yrs.</b>	
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 <b>442x</b>				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 <b>June 7, 1950</b> , to <b>Dec. 25, 1952</b> , that I last saw the deceased alive on <b>Dec 25, 1952</b> , and that death occurred at <b>11:45 P.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Clarence Clohis M.D.</b>				23b. ADDRESS <b>3001 W. Reed Moberly Mo</b>		23c. DATE SIGNED <b>Dec 25 1952</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-27-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>		24d. LOCATION (City, town, or county) (State) <b>Moberly, Mo</b>		
DATE REC'D BY LOCAL REG. <b>12-27-52</b>		REGISTRAR'S SIGNATURE <b>Seal</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mahon and Son, Moberly, Mo</b>				

**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 Frank J. Witt

Licensed Embalmer No. 3021

P. O. Address Moherly, 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.