

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

State File No.

1564

382

BIRTH NO. **FILED FEB 11 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 4 YEARS		3518	
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C. GENERAL HOSPITAL No 1		d. STREET ADDRESS (If rural, give location) 3621 CHARLOTTE STREET	

3. NAME OF DECEASED (Type or Print)	a. (First) EUGENE	b. (Middle) F.	c. (Last) TODD	4. DATE OF DEATH (Month) (Day) (Year) 1-28-54
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 2	8. DATE OF BIRTH MAY 24, 1910	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR	IF UNDER 1 HR.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK	10b. KIND OF BUSINESS OR INDUSTRY TRUCKING FIRM	11. BIRTHPLACE (City and State or Foreign Country) SLATER, MISSOURI D	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME HENRY E. TODD	13b. MOTHER'S MAIDEN NAME MAMIE WHEELER	14. NAME OF HUSBAND OR WIFE BETTY FREIBURGER TODD
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 486-09-9363	17. INFORMANT'S SIGNATURE OR NAME HENRY E. TODD, SLATER, MISSOURI	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 29 2/3 46
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Subdural Hemorrhage		
	ANTECEDENT CAUSES Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured Skull 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, shop, street, office bldg., etc.) street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Jackson (STATE) MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-23-54 1:00 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Blow on back of head.
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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 _____, 19____, and that death occurred at **7:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Knaflitz (Degree or title)	23b. ADDRESS 4050 Broadway, St. Louis	23c. DATE SIGNED 1-24-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JAN. 24, 1954	24c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEMETERY	24d. LOCATION (City, town, or county) (State) LOUISIANA MISSOURI
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DATE REC'D BY LOCAL REG. 1-24-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE A. H. Newcome, Sons, Kansas City, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

MAR 21 1958

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 J. Savage

Licensed Embalmer No. *4882*

P. O. Address: *Kansas 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.