

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9537**  
Registrar's No. **3**

FILED APR 8 1954 REG. DIST. NO. **256** PRIMARY REG. DIST. NO. **4388**

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

1. PLACE OF DEATH a. COUNTY <b>OSAGE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>OSAGE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chamois</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chamois</b>	
c. LENGTH OF STAY (in this place) <b>40 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>City</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Samuel</b> c. (Last) <b>Toedtman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 - 3 - 54</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>28 FEB 1874</b>
9. AGE (In years last birthday) <b>80</b>		10. KIND OF BUSINESS OR INDUSTRY <b>GENERAL STORE</b>	11. BIRTHPLACE (State or foreign country) <b>HERMANN, MISSOURI</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>August Toedtman</b>		13b. MOTHER'S MAIDEN NAME <b>CATHERINE GOETZ</b>	
14. NAME OF HUSBAND OR WIFE <b>Elizabeth C. Toedtman</b>		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. <b>497-05-2651A</b>		17. INFORMANT'S SIGNATURE OR NAME <b>EUGENE Toedtman</b> ADDRESS <b>Chamois Mo.</b>	
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) <b>Malnutrition, Anemia, Arteriosclerosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs.</b> ANTECEDENT CAUSES <b>2 months, 5 yrs.</b> Morbidity 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 <b>Paralysis, Dizziness, Hypertension</b> 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>4500</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>7-7-1953</b> , to <b>4-3-1954</b> , that I last saw the deceased alive on <b>12-7-1953</b> , and that death occurred at <b>10:15 PM</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) <b>L. B. Farnsworth, D.D.S.</b>		23b. ADDRESS <b>Chamois Mo.</b>	
23c. DATE SIGNED <b>4-6-54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>4-7-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CITY CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>HERMANN, MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stanley E. Shyer</b> ADDRESS <b>Chamois Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-6-54</b>		REGISTRAR'S SIGNATURE <b>Anna Moran</b> ADDRESS <b>448 - Chamois Mo.</b>	

NOV 21 1962

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

*Stanley E. Meyer*

Licensed Embalmer No. *4639*

P. O. Address *Chemois, 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.