

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

39985

FILED DEC 1 1954

State File No.

BIRTH NO.		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4046</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>WORTH</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>WORTH</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Denver Mo</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Denver Mo</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>1130</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HARRIE</u>		b. (Middle) <u>TRAVEL</u>		c. (Last) <u>Todd</u>	
4. DATE OF DEATH		(Month) <u>Nov</u>		(Day) <u>16</u>		(Year) <u>1954</u>	
5. SEX <u>7</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 19-1876</u>	
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ellenora Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>E. M. McLeod</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Green</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Todd</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward Todd</u>		ADDRESS <u>Denver Mo</u>	
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) <u>Labor Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> 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 ☐ NO ☒		490 X	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 1</u> , 19 <u>54</u> , to <u>Nov 16</u> , 19 <u>54</u> ; that I last saw the deceased alive on <u>Nov 16</u> , 19 <u>54</u> , and that death occurred at <u>12:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. D. Williamson M.D.</u>				23b. ADDRESS <u>Century Mo</u>		23c. DATE SIGNED <u>Nov 16-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 19-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Friendship Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Century Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-27-1954</u>		REGISTRAR'S SIGNATURE <u>John E. Pearson</u>		345		25. FUNERAL DIRECTOR'S SIGNATURE <u>KA Branch</u> ADDRESS <u>Denver Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 1956

NOV 21 1955

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 _____

John Andrews
working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. *4211*

P. O. Address *Grant City, N.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.