

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 22		
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (In this place) <u>2 weeks</u>		c. CITY OR TOWN <u>Nevada</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>123 S. Oak</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>	b. (Middle) <u>F.</u>	c. (Last) <u>Todd</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1/5/56</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWER, OR WIDOWED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>9/12/1865</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Clerk - Drygoods Store</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Montezina, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Samuel Todd</u>		13b. MOTHER'S MAIDEN NAME <u>Folly ANN Garrison</u>		14. NAME OF HUSBAND OR WIFE <u>Jennie E. Baughman</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herschel Todd, Terre Haute, Indiana</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured left hip</u> ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephritis & high Nitrogen retention + stupor.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Dec 22 1955 (14 days)</u> <u>9035</u> <u>44</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Suicide Dec 22/55</u>		21b. PLACE OF INJURY (Home, farm, factory, street, other Bldg.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Nevada</u>		21d. (COUNTY) <u>Vernon</u> (STATE) <u>MO</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 22-55 NOON</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell.</u>				
22. I hereby certify that I attended the deceased from <u>12-22, 1955</u> , to <u>1-5, 1956</u> , that I last saw the deceased alive on <u>1-5, 1956</u> , and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. H. Love</u>			(Degree or title) _____		23b. ADDRESS <u>Nevada, MO</u>		23c. DATE SIGNED <u>1-20-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/7/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Deepwood</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-31-1956</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home</u>		ADDRESS <u>Nevada, Mo.</u>		

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

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.....
Signature of Student Embalmer

Signed.....
L. Anglen Ferry

Licensed Embalmer No. *426*

P. O. Address *Nevada*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.