

FILED AUG 29 1956  
5-3794-36

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27183  
3481

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sinclair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City</u>	
c. LENGTH OF STAY (in this place) <u>12 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0930 /</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		X	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Janet</u> b. (Middle) <u>Kay</u> c. (Last) <u>Todd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 - 8 - 56</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>8-5-56</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CHILD</u>	9. AGE (In years last birthday) <u>7 2/3</u>
11. BIRTHPLACE (State or foreign country) <u>Missouri (Appleton City)</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Raymond Todd</u>	13b. MOTHER'S MAIDEN NAME <u>Betty Harris</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Todd</u> ADDRESS <u>Appleton City, Mo</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>7541</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery</u> DUE TO (c) <u>Patent Ductus</u>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Intentional Septal Defect</u>		

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8/5/56 to 8/8/56 that I last saw the deceased alive on 8/8, 1956 and that death occurred at 12:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clark W Seely MD</u>	23b. ADDRESS <u>411 N. 4th Road</u>	23c. DATE SIGNED <u>8/8/56</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-8-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>APPLETON CITY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>APPLETON CITY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>8-8-56</u>	REGISTRAR'S SIGNATURE <u>Maria Mundall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>LEE J. JANSSENS FUNERAL HOME - MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Clark W. Seely, M.D.

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

*Melvin L. Janssen*

Licensed Embalmer No. ....

*4529*

P. O. Address

*Appleton City*

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.