

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3821

STATE FILE NUMBER

FILED MAR 4 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Inside Limits Yes/ No <input type="checkbox"/>	c. CITY OR TOWN <u>Carrollton</u> 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No 2</u>		Length of stay in lb <u>8 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>None</u>

3. NAME OF DECEASED (Type or print) First <u>RAY</u> Middle <u>TODD</u> Last <u>TODD</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>20</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1888 abt. 69</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>7</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Not known</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13. FATHER'S NAME <u>Not known</u>			14. MOTHER'S MAIDEN NAME <u>Not known</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 <u>County Court</u> Address <u>Carrollton, Missouri</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Imbecility and Debility</u>	<u>Unknown</u>
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  
Patient at State Hospital No. 2 since July 12, 1948 (Imbicil) 002X

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>2</u>	
20c. TIME OF INJURY Hour <u>a. m.</u> Month, Day, Year <u>p. m.</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from Feb. 20, 1957 to Feb. 20, 1957 and last saw ~~her~~ him alive on Feb. 20, 1957  
Death occurred at 6:00P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>H F Mundy M.D.</u>	22b. ADDRESS <u>St Joseph Mo</u>	22c. DATE SIGNED <u>Feb. 20-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2-20-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Tina Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Tina Missouri</u>
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24. FUNERAL DIRECTOR <u>Curtis Martuary</u>	ADDRESS <u>Tina, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Feb 28, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>
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(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public Service  
 000-56  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Doctor, coroner, etc. must use only standard nomenclature in item 18 for the symptoms with the disease. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

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 George A. Kerby

Licensed Embalmer No. 47

P. O. Address Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.