S. No. 300
v. 10.48

FILED OCT 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34669

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4545 Registrar's No. 3758

1. PLACE OF DEATH
a. COUNTY: WEBSTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARSHFIELD
c. LENGTH OF STAY (In this place): 6 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MO
b. COUNTY: WEBSTER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARSHFIELD
d. STREET ADDRESS (If rural, give location): PINE ST. 120

3. NAME OF DECEASED (Type or Print)
a. (First): JASON
b. (Middle):
c. (Last): TODD

4. DATE OF DEATH (Month) (Day) (Year): 9-14-57

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 9-7-1884
9. AGE (In years last birthday): 73 — If under 1 year: Months / Days: 7 — If under 24 hrs.: Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): WRIGHT-CO. MO
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: JOHN A. TODD
13b. MOTHER'S MAIDEN NAME: KATHERINE NEWTON
14. NAME OF HUSBAND OR WIFE: MINNIE O. TODD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: TRELLUS DARROW — ADDRESS: Lebanon

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — 2 years
DUE TO (c) Generalized arteriosclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Heart disease with infarction — 14 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☐

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* Aug 9, 1952, *to* Sept 14, 1957, *that I last saw the deceased alive on* Sept 9th, 1957, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. M. Macdonnell (Degree or title) M.D.
23b. ADDRESS: Marshfield, Mo
23c. DATE SIGNED: 18 Sept 57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-17-57
24c. NAME OF CEMETERY OR CREMATORY: MT ZION
24d. LOCATION (City, town, or county): WEBSTER (State): MO

DATE REC'D BY LOCAL REG.: 9-23-57
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: John Simpson — ADDRESS: Hartville

(Licensed Embalmer's Statement on Reverse Side)

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

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OCT - 2 1950

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 R. W. Barber

Licensed Embalmer No. 3848

P. O. Address Otter Grove, 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.