Health, Welfare Public Service

300
1-57

FILED FEB 4 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4218
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Nevada — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Nevada Hospital — Length of stay in 1b 2 da

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Vernon
c. CITY OR TOWN Nevada — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 100 Manlove Nursing Home — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HAROLD Middle WILLIS Last TODD

4. DATE OF DEATH Month Day Year Jan 23 1958

5. SEX M

6. COLOR OR RACE W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH March 4 1889

9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-

10b. KIND OF BUSINESS OR INDUSTRY Insurance Adjuster

11. BIRTHPLACE (City and state or country) Liberal, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME John H. Todd

13b. MOTHER'S MAIDEN NAME Mary Emerson

14. NAME OF HUSBAND OR WIFE Mary Zula Ramsey

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. 490-07-0825

17. INFORMANT Robert Todd, Address Aztec, N. M.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Strangulated internal hernia — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 5614-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Diabetes mellitus; diabetic gangrene l. foot; arteriosclerosis
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 9/7/55, to 1/23/58 and last saw him alive on 1/23/58
Death occurred at 10:05 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Roy W. Tearney (Degree or title) MD
22b. ADDRESS Nevada Mo
22c. DATE SIGNED 1/27/58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE Jan 25
23c. NAME OF CEMETERY OR CREMATORY Liberal Cemetery
23d. LOCATION (City, town, or county) (State) Liberal, Missouri

24. FUNERAL DIRECTOR ADDRESS Konantz Funeral Home, Lamar, Missouri
25. DATE RECD. BY LOCAL REG. 1-28-1958
26. REGISTRAR'S SIGNATURE Omal E. Perry

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally 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 .....Earl F. Romantz.....

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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