

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008628

STATE FILE NUMBER

FILED FEB 26 1958

Registration District No. 379

Primary Registration District No. 4543

Registrar's No. 76

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1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEYMOUR		c. CITY OR TOWN SEYMOUR	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ENMER THOMAS TODD			4. DATE OF DEATH Month Day Year 2-22-58			
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR. 30, 1901	9. AGE (In years last birthday) 56	10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) WEBSTER CO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JIM TODD	13b. MOTHER'S MAIDEN NAME AMENIA POOL	14. NAME OF HUSBAND OR WIFE VIOLET M. TODD
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 497-32-8140	17. INFORMANT Address MRS. VIOLET M. TODD SEYMOUR, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Coronary Thrombosis & Myocardial Infarction</i> DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 4 hrs 7.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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
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21. I attended the deceased from <i>Aug-20-57</i> to <i>2/22/58</i> and last saw her ^{him} alive on <i>2/22/58</i> Death occurred at <i>12-P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>J. T. Gies</i> (Degree or title) <i>D.O.</i>	22b. ADDRESS <i>Seymour</i>	22c. DATE SIGNED <i>2/24/58</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE <i>2-27-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>SEYMOUR, MO.</i>	23d. LOCATION (City, town, or county) (State) <i>WEBSTER CO. MO.</i>
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24. FUNERAL DIRECTOR <i>Robert Bergman</i> ADDRESS <i>Seymour MO</i>	25. DATE RECD. BY LOCAL REG. <i>2/24-1958</i>	26. REGISTRAR'S SIGNATURE <i>Gilbert Jones</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Max L Miller*

Licensed Embalmer No. *4720*
P. O. Address *Mansfield 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.