

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032144

STATE FILE NUMBER

62932-57
FILED SEP 22 1958

B. Cert # 913 Registration District No. 47 Primary Registration District No. 3016 Registrar's No. 277

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp		d. STREET ADDRESS (If outside, give location) Route # 5 (Parkview)	
3. NAME OF DECEASED (Type or print) First EMILY Middle MAY Last TODD		4. DATE OF DEATH Month Sept Day 17th Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 17th 1958
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		9b. KIND OF BUSINESS OR INDUSTRY None	9c. AGE (In years last birthday) 1
10a. FATHER'S NAME Jessie Todd		10b. MOTHER'S MAIDEN NAME Helen Jackson	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12. SOCIAL SECURITY NO. None	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		14. NAME OF HUSBAND OR WIFE Infant	
15. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		16. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
17. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		18. CITY, TOWN, OR LOCATION Jefferson City, Mo.	
19. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		22. ADDRESS 34 Madison Jefferson City, Mo.	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		24. DATE SIGNED 9-18-58	
25. DATE Sept 18th 1958		26. NAME OF CEMETERY OR CREMATORY Longview Cemetery	
27. FUNERAL DIRECTOR Tanner Service, Jefferson City, Mo.		28. DATE RECD. BY LOCAL REG. 18 Sept. 1958	
29. REGISTERAR'S SIGNATURE R. P. Norris, M.D.		30. LOCATION (City, town, or county) (State) Jefferson City, Mo.	

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. *Body not embalmed*

Student
Signature of Student Embalmer

Signed *Donald P. Freeman*
Donald P. Freeman

Licensed Embalmer No. 4623

P. O. Address...Jefferson City, M

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.