

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033731

STATE FILE NUMBER

348

FILED SEP 22 1958

274

3052

Registration District No.

Primary Registration District No.

Registrar's No.

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b>		c. CITY OR TOWN <b>Sedalia</b> <sup>2704</sup> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>119 East Pettis</b>		d. STREET ADDRESS <b>119 East Pettis</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ABROM</b> Middle <b>MADISON</b> Last <b>TODD</b>		4. DATE OF DEATH Month <b>August</b> Day <b>26</b> Year <b>1958</b>	
5. SEX <b>Male</b> <sup>2</sup>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-5 -1873</b>
9. AGE (In years at birthday) <b>85</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Minister</b>	11. BIRTHPLACE (City and state or country) <b>Arrow Rock, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>William Todd</b>	
13b. MOTHER'S MAIDEN NAME <b>Ann Todd</b>		14. NAME OF HUSBAND OR WIFE <b>Susie Todd</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>-----</b>	
17. INFORMANT <b>Mrs. Susie Todd</b> Address <b>Sedalia, Mo</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Myocarditis</b> DUE TO (c) <b>Interstitial Nephritis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerosis</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		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 <b>May 6 1957</b> to <b>Aug 25 1958</b> and last saw her alive on <b>Aug 26 1958</b> Death occurred at <b>6:00 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>A. R. Maddox M. D.</b> (Degree or title) <b>M.D.</b>	
22b. ADDRESS <b>Sedalia, Missouri</b>		22c. DATE SIGNED <b>8/29/58</b>	
23a. BURIAL, CREMATION, REQUIEM (Specify) <b>Burial</b>	23b. DATE <b>8/30/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery Annex</b>	23d. LOCATION (City, town, or county) (State) <b>Sedalia Pettis Missouri</b>
24. FUNERAL DIRECTOR <b>George H. Green</b> ADDRESS <b>Marshall, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8/30/1958</b>	26. REGISTRAR'S SIGNATURE <b>Frances Shelby</b>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.  
 Cause, manner, site, must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

SEP 22 1958

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 *Geoffrey Green* .....  
Licensed Embalmer No. *4220* .....  
P. O. Address *Northell, 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.