

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035840

STATE FILE NUMBER

FILED OCT 20 1958

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 122

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CAMERON</u>		c. CITY OR TOWN <u>CAMERON</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CAMERON COMM. HOME 3 WKS.</u>		Length of stay in 1b <u>02 1/2</u> d. STREET ADDRESS (If outside, give location) <u>216 W. 6th ST.</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Andrew</u> Last <u>Tedford</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>16</u> Year <u>1958</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 26, 1868</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Store</u>	9. AGE (In years last birthday) <u>90</u> IF UNDER 1 YEAR: Months <u> </u> Days <u> </u> IF UNDER 24 HRS.: Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Store</u>	11. BIRTHPLACE (City and state or country) <u>Linn Co. KANSAS</u>
13a. FATHER'S NAME <u>Theodore Tedford</u>		13b. MOTHER'S MAIDEN NAME <u>SUNAN PARK</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>Ada Montgomery</u> Address <u>CAMERON, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u>			<u>20 yrs</u>
DUE TO (c) <u>Generalized Atherosclerosis</u>			<u>25 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bleeding thromboidal Ulcer</u>			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.)	
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u>		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 <u>1</u> COUNTY STATE	
21. I attended the deceased from <u>May 1958</u> , to <u>Oct 16 58</u> and last saw ^{him} alive on <u>Oct 16, 1958</u> Death occurred at <u>6:45</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. H. Compton</u> (Degree or title) <u>2</u>		22b. ADDRESS <u>D.O. CAMERON, Mo.</u>	
22c. DATE SIGNED <u>10-16-58</u>		22d. CITY, TOWN, OR LOCATION (State) <u>MILAN Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10-16-58</u>	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <u>MILAN Mo.</u>	
24. FUNERAL DIRECTOR <u>Poland Funeral Home-Cameron, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 17-58</u>	
26. REGISTRAR'S SIGNATURE <u>Francis D Crawford</u>			

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 *Laurence J. Thompson*.....

Licensed Embalmer No. *4785*.....

P. O. Address *Cameron, 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.