

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040467

STATE FILE NUMBER

FILED NOV 25 1958

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 213

S. 300  
1-57

4  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.  
Joe E. Collins M.D. INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mineral <i>Twp.</i>		c. CITY OR TOWN Webb City 0492 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elmhurst Rest Home		d. STREET ADDRESS (If outside, give location) 515 S. Roane	
3. NAME OF DECEASED (Type or print) First Middle Last Claude Littleton Todd		4. DATE OF DEATH Month Day Year November 15 1958	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 14, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Atlas employee		10b. KIND OF BUSINESS OR INDUSTRY Powder Co.	11. BIRTHPLACE (City and state or country) Wright county Missouri 0
13a. FATHER'S NAME Neveles Todd		13b. MOTHER'S MAIDEN NAME Trimble	14. NAME OF HUSBAND OR WIFE Sarah Todd deceased
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.	17. INFORMANT Address Mrs Ivan Spence Webb City Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion Arteriosclerotic Heart disease 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 or diseases in PART I (a) Carcinoma of the prostate. 4200 H			INTERVAL BETWEEN ONSET AND DEATH 11-15-58 Unknown
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 9-12-57 to 11-15-58 and last saw her alive on 9-29-58 Death occurred at 11-15-58 12:25 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Joe E. Collins M.D.		22b. ADDRESS 2117 Connor Ave, Joplin, Mo 64507	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-17-58	
23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery		23d. LOCATION (City, town, or county) (State) Joplin Missouri	
24. FUNERAL DIRECTOR Hedge-ewis		25. DATE RECD. BY LOCAL REG. 11-17-58	
26. REGISTRAR'S SIGNATURE Mrs. Madeline Smitgen			

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 *Richard Roy Lee*

Licensed Embalmer No. *4405*

P. O. Address *Webb City, 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.