

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005217

STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rogersville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hosp.</u>		Length of stay in 1b <u>5 hrs.</u>	d. STREET ADDRESS <u>R#1</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Wilbur Nobel Todd</u>			4. DATE OF DEATH Month Day Year <u>Feb 8 1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 5, 1921</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>37</u> Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>lime cement Co.</u>	11. BIRTHPLACE (City and state or country) <u>Christian Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Perry W. Todd</u>		13b. MOTHER'S MAIDEN NAME <u>Milner</u>		14. NAME OF HUSBAND OR WIFE <u>Nina</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War 2 Sept 42</u>		16. SOCIAL SECURITY NO. <u>486-24-2467</u>	17. INFORMANT Address <u>Tim Todd, Brother, Rogersville, R#1, Mo.</u>		
18. CAUSE OF DEATH (Enter only the cause or causes for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intracerebral Hematoma, rt. frontal</u> DUE TO (b) <u>Gun shot wound, 22 cal., rt. frontal</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____				INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u> <u>6 hrs.</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>ITEM 25 CORRECTED</u>			
20c. TIME OF INJURY Hour Month, Day, Year <u>8:15 a.m. 2 8 59</u>		BY AFFIDAVIT OF <u>Registrar</u> <u>3-5-59 DEL</u>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Bruner Christian 976X Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <u>1:55 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>H. J. McAlhany, M.D.</u>			22b. ADDRESS <u>Springfield, Mo.</u>		22c. DATE SIGNED <u>2/11/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>Feb. 11, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>McHaffee Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Rogersville Rural, Missouri</u>
24. FUNERAL DIRECTOR <u>W. C. Ferrell, Rogersville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-12-59</u>		26. REGISTRAR'S SIGNATURE <u>Offie S. Melton</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

8 24 1959

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 *Don L. James*

Licensed Embalmer No. *4847*
P. O. Address *Manfield, 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.