

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028355

FILED VS SEP 2 1959

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 230

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Length of stay in lb 4 yrs	c. CITY OR TOWN Brunswick Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #1		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Verbena Middle Todd Last Todd			4. DATE OF DEATH Month Aug Day 29 Year 1959	
5. SEX Female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/17/1877	9. AGE (last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George Riley	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) D.K.	16. SOCIAL SECURITY NO. D.K.	17. INFORMANT State Hospital records Address Fulton, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Broncho-pneumonia		8/24/59
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Fracture Hip	5/29/59
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fell on floor
20c. TIME OF INJURY? 5/29/59		

20d. INJURY OCCURRED WHILE AT WORK <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.) State Hospital #1	20f. CITY, TOWN, OR LOCATION Fulton COUNTY Callaway STATE MO
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21. I attended the deceased from **5/29/59** to **8/29/59** and last saw her alive on **8/29/59**
Death occurred at **State Hospital #1 1:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. E. Epler M.D.	22b. ADDRESS State Hospital, Fulton, Mo.	22c. DATE SIGNED 8/29/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 31 1959	23c. NAME OF CEMETERY OR CREMATORY Dunsmuir Hill Cem	23d. LOCATION (City, town, or county) Madison (State) Mo
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FUNERAL DIRECTOR Thompson & Mackler Inc.	ADDRESS Madison Mo.	25. DATE RECD. BY LOCAL REG. Aug 29-1959	26. REGISTRAR'S SIGNATURE Maretha Lawrence
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph P. Mackler

Licensed Embalmer No. 4571

P. O. Address Madison 7

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.