

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035782

FILED VS. OCT 14 1960

Registration District No. 222 Primary Registration District No. 2050 Registrar's No. 244

STATE FILE NUMBER

INDEXED

|  |  |   |  |   |  |  |   |  |                                  |   |  |                              |  |
|--|--|---|--|---|--|--|---|--|----------------------------------|---|--|------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Randolph</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>                 |  |  |   |  |                                  |   |  |                              |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Moberly</b>  |  | Length of stay in 1b<br><b>Life</b>   |  | c. CITY OR TOWN <b>Moberly</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |                                  |   |  |                              |  |
| c. FULL NAME OF (IF NOT IN hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Residence</b>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><b>708 W. Gates St.</b> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |                                  |   |  |                              |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>SAMUEL</b> Middle <b>RUSSELL</b> Last <b>TEDFORD</b>   |  |   |  | 4. DATE OF DEATH<br>Month <b>OCT.</b> Day <b>10</b> Year <b>1960</b>  |  |  |   |  |                                  |   |  |                              |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>   |  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH <b>9-13-1874</b>  |   | 9. AGE (last birthday) <b>86</b>   |                                  | IF UNDER 1 YEAR<br>Months Days                    |  | IF UNDER 24 HR<br>Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Meter Repair Man</b>   |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>City Water Department</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>Moberly Missouri</b>                |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |                                  |   |  |                              |  |
| 13a. FATHER'S NAME<br><b>JOHN CARSON TEDFORD</b>   |  |   |  | 13b. MOTHER'S MAIDEN NAME<br><b>MARY JANE DAMERON</b>   |  |  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Widow</b>  |                                  |   |  |                              |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  |   |  | 16. SOCIAL SECURITY NO.<br><b>498-36-6288-A</b>   |  | 17. INFORMANT Address<br><b>MR. GARY FREELIN Moberly</b>                             |   |  |                                  |   |  |                              |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>   |  |   |  |   |  |  |   |  |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 days</b> |  |                              |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerotic heart disease</b>   |  |   |  |   |  |  |   |  |                                  | ?   |  |                              |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                  |   |  |                              |  |
| 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<br>Hour Month, Day, Year<br>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>Sept. 23, 1960</b> to <b>Oct. 10, 1960</b> and last saw her alive on <b>Oct. 10, 1960</b><br>Death occurred at <b>6:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |  |  |   |  |                                  |   |  |                              |  |
| 22a. SIGNATURE <i>Will Henry</i> (Degree or title)   |  |   |  |   |  | 22b. ADDRESS <i>Moberly Mo</i>   |   |  | 22c. DATE SIGNED <b>10-12-60</b> |   |  |                              |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 23b. DATE<br><b>9-13-1960</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oakland</b>  |  | 23d. LOCATION (City, town, or county)<br><b>Moberly, Missouri</b>                    |   | (State)  |                                  |   |  |                              |  |
| 24. FUNERAL DIRECTOR<br><b>Mahan Funeral Service Moberly</b>   |  |   |  | ADDRESS   |  | 25. DATE RECD. BY LOCAL REG.<br><b>11 11</b>   |   | 26. REGISTRAR'S SIGNATURE<br><i>Harold W. M.</i>   |                                  |   |  |                              |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 20 1900

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John A. Green

Licensed Embalmer No. 3815

P. O. Address Mobility

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.