

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 8 1960

-60-042902

STATE FILE NUMBER

Registration District No. 242 Primary Registration District No. 4362 Registrar's No. 11

INDEXED

1. PLACE OF DEATH a. COUNTY NEW MADRID				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY NEW MADRID									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOREHOUSE		Length of stay in 1b		c. CITY OR TOWN MOREHOUSE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First TAYLOR Middle GARFIELD Last TODD				4. DATE OF DEATH Month 11 Day 24 Year 60									
5. SEX MALE		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 9-5-1880		9. AGE (last birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET.				10b. KIND OF BUSINESS OR INDUSTRY FOREMAN H+H MFG. CO. IND.		11. BIRTHPLACE (City and state or country) DREE CO. IND.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME MARGARET FEHR			14. NAME OF HUSBAND OR WIFE GRACE							
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. 490-01-3596		17. INFORMANT Address E.L. Todd - Morehouse, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion										INTERVAL BETWEEN ONSET AND DEATH 5 months			
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 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					
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 Month, Day, Year 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 11-24-60 to 11-24-60 and last saw him alive on 11-24-60 Death occurred at 5:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) E.L. Todd, M.D.				22b. ADDRESS Morehouse, Mo.				22c. DATE SIGNED 11-28-60					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-26-60		23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		23d. LOCATION (City, town, or county) SIKESTON MO							
24. FUNERAL DIRECTOR ADDRESS Weld Funeral Home - Sikeston Mo				25. DATE RECD. BY LOCAL REG. 11-28-60		26. REGISTRAR'S SIGNATURE Kathryn L. M. & Bain							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 8 1950

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 Raymond Grews

Licensed Embalmer No. 3467

P. O. Address Sekeston

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