MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-014727

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 53

FILED MAY 3 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: PIKE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: LOUISIANA — Length of stay in 1b: LIFE
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 618 NORTH 8th St. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: PIKE
c. CITY OR TOWN: LOUISIANA — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 618 NORTH 8th St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LYNN Middle DAVENPORT Last TODD
4. DATE OF DEATH: Month APRIL Day 24 Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-21-1889
9. AGE (last birthday): 72 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BREAD SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: BAKERY
11. BIRTHPLACE (City and state or country): PIKE CO MO
12. CITIZEN OF WHAT COUNTRY: USA.
13a. FATHER'S NAME: FRANK TODD
13b. MOTHER'S MAIDEN NAME: FELICA S. DAVENPORT
14. NAME OF HUSBAND OR WIFE: EFFIE LENA TODD
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: MRS EFFIE TODD — Address: LOUISIANA MO

MEDICAL CERTIFICATION

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 Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary thrombosis with Myocardial infarct — 6 hr.
DUE TO (c): arteriosclerosis — Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Aug 13 1959, to April 24, 1960 and last saw ~~her~~ him alive on April 24 1961
Death occurred at 2:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): David L Bitzenbo
22b. ADDRESS: 218 N 5th Louisiana Mo
22c. DATE SIGNED: April 25 61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: APRIL 26. 1961
23c. NAME OF CEMETERY OR CREMATORY: RIVER VIEW CEM.
23d. LOCATION (City, town, or county) (State): LOUISIANA MO.

24. FUNERAL DIRECTOR — ADDRESS: GEO. M COLLIER LOUISIANA MO.
25. DATE RECD. BY LOCAL REG.: APRIL 29 61
26. REGISTRAR'S SIGNATURE: Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

MAY 17 1961

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 Geo M. Collier

Licensed Embalmer No. 3839

P. O. Address Louisiana

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.