

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017332

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4212** STATE FILE NUMBER

DO NOT WRITE ON THIS STUDY

AMENDED

FILED MAY 1 1962

1. PLACE OF DEATH  
 a. COUNTY **City of St. Louis, Missouri**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Missouri** Length of stay in 1b **7 Days**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Frisco Employes' Hosp.** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Okla.** b. COUNTY **Ottawa**  
 c. CITY OR TOWN **Afton, Oklahoma** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **Box 12** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Herbert** Middle Last **Todd** 4. DATE OF DEATH Month **April** Day **21** Year **1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **8-20-1899** 9. AGE (last birthday) **62** 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) **Car Inspector** 10b. KIND OF BUSINESS OR INDUSTRY **Railroad** 11. BIRTHPLACE (City and state or country) **Point Lick, Ky.** 12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **John Todd** 13b. MOTHER'S MAIDEN NAME **Permelia Gates** 14. NAME OF HUSBAND OR WIFE **Elizabeth**

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. **Unknown** 17. INFORMANT **Elizabeth Todd** Address **Box 12 Afton, Okla.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Leisomyocardium 2 rt feet with infarctures to lung**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **197.3**  
 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.  
 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 **1960** to **Present** and last saw him alive on **4-20-62**  
 Death occurred at **6:05** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **W. A. Schuman, M.D.** 22b. ADDRESS **950 Francis St. Clayton Mo** 22c. DATE SIGNED **4/21/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **4-22-1962** 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) **Afton, Oklahoma** (State)

24. FUNERAL DIRECTOR ADDRESS **Albert H. Hoppe, Inc., 4700 Washington Blvd.** 25. DATE RECD. BY LOCAL REG. **APR 23 1962** 26. REGISTRAR'S SIGNATURE **Boal Smith, M.D.**

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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

FEB 19 1963

MAY 1 1962

**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

*John J. Haines*

Licensed Embalmer No. 4108

P. O. Address *Haines Ave*

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.