

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

- 62-021771
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 375 Primary Registration District No. 6277 Registrar's No. 20

FILED MAY 31 1962

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boone Township</u>		Length of stay in 1b <u>9 years</u>	c. CITY OR TOWN <u>Hartville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>14 Mi. West of Hartville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route 2</u> Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Rebecca Ann Todd</u>			4. DATE OF DEATH Month Day Year <u>May 26 1962</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-16-1952</u>
9. AGE (last birthday) <u>9</u>		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) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Springfield, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Warren Todd</u>	
13b. MOTHER'S MAIDEN NAME <u>Reva Todd</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Warren Todd</u> Address <u>Hartville, Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>TRANSSECTION OF SPINAL CORD</u> DUE TO (b) <u>NECK FRACTURE</u> DUE TO (c) <u>TRACTOR-WAGON ACCIDENT</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</u> <u>IMMEDIATE</u> <u>IMMEDIATE</u>
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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.) <u>TRACTOR ROLLED BACKWARD PINNING DECEASED</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>6 a.m. 5-26-62</u>			
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.) <u>FARM</u>	20f. CITY, TOWN, OR LOCATION <u>HARTVILLE RT. 2</u>	COUNTY STATE <u>WRIGHT MO</u>
21. attended the deceased from <u>MARSHFIELD CLINIC 10-13-53</u> to <u>5-26-62</u> and last saw him alive on <u>1-20-61</u> Death occurred at <u>6 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Robert J. Bavin, M.D.</u>		22b. ADDRESS <u>RT 2 Box 53 MARSHFIELD, MO.</u>	22c. DATE SIGNED <u>5-28-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-29-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Steele Memorial</u>	23d. LOCATION (City, town, or county) (State) <u>Hartville, Missouri</u>
24. FUNERAL DIRECTOR <u>Bergman-Miller-Bledsoe</u>		ADDRESS <u>Hartville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>May 29, 1962</u>
			26. REGISTRAR'S SIGNATURE <u>Bonnie J. Jones</u>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
1 1140
2 1140
3
4 1
5 0
6
7 0
8 2
9 9121
10 3
11 114
12 90-0
13 1-0

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 Max J Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield, Mo

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.