

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029787

STATE FILE NUMBER

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 65

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 6 1962

1. PLACE OF DEATH
 a. COUNTY **Texas**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Wright**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **HOUSTON Houston** Length of stay in 1b **2 Weeks**

c. CITY OR TOWN **Manes** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Texas County Memorial** Inside Limits Yes No d. STREET ADDRESS (If outside, give location) **-----** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Thomas David Todd July 8, 1962

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **5-26-1875** 9. AGE (last birthday) **87** 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) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **-----** 11. BIRTHPLACE (City and state or country) **Wright County, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **George Todd** 13b. MOTHER'S MAIDEN NAME **Mary Cantrell** 14. NAME OF HUSBAND OR WIFE **Cordelia Rader**

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. **None** 17. INFORMANT **Taelma Burney** Address **Manes, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Bilateral Bronchopneumonia**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Respiratory Depression**
 DUE TO (c) **Cerebrovascular Accident**
 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 6-25-62 to 7-8-62 and last saw ^{her}him alive on 7-8-62. Death occurred at 9:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Joe A. Wall MD** 22b. ADDRESS **Houston, Missouri** 22c. DATE SIGNED **7-26-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **7-11-1962** 23c. NAME OF CEMETERY OR CREMATORY **Evening Shade Cemetery** 23d. LOCATION (City, town, or county) (State) **Manes, Wright, Missouri**

24. FUNERAL DIRECTOR **Ewell C. Craig** ADDRESS **Mtn. Grove, Missouri** 25. DATE RECD. BY LOCAL REG. **7-31-62** 26. REGISTRAR'S SIGNATURE **Murtrie Craig**

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Jewell C. Craig

Licensed Embalmer No. 4766

P. O. Address Mtn Grove

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.