

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045748

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 372 Primary Registration District No. 6280 Registrar's No. 33
FILED NOV 21 1962

VS 300
Rev. 4/59
1140
2140
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4 0
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7 0
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9 420.1
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13 1-0

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>WRIGHT</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hartsville</u> | | Length of stay in 1b <u>13 years</u> | c. CITY OR TOWN <u>HARTVILLE</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home in Hartsville</u> | | 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 <u>Charles</u> Middle <u>Richard</u> Last <u>Todd</u> | | | 4. DATE OF DEATH Month <u>Nov.</u> Day <u>14</u> Year <u>1962</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>1-13-1889</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) <u>82</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min. |
| 11a. FATHER'S NAME <u>Floyd M. Todd</u> | | 11b. MOTHER'S MAIDEN NAME <u>Nancy Oliver</u> | 11. BIRTHPLACE (City and state or country) <u>Wright County, Mo., U.S.A.</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> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE <u>Mary E. Todd</u> |
| 17. INFORMANT <u>Mary E. Todd</u> | | Address <u>Hartsville, Mo.</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>Coronary Occlusion</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> |
| 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 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 _____ a.m. _____ p.m. Month, Day, Year _____ | | | |
| 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 <u>Nov. 17, 1962</u> to <u>Nov. 14, 1962</u> and last saw her alive on <u>Nov. 14, 1962</u> Death occurred at <u>6:20 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>J. E. Worthen, D.D.</u> (Degree or title) | | 22b. ADDRESS <u>Hartsville Mo.</u> | 22c. DATE SIGNED <u>11-16-62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>11-17-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Steele Memorial</u> | 23d. LOCATION (City, town, or county) (State) <u>Hartsville, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Bergman-Miller-Bledsoe</u> ADDRESS <u>Hartsville, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>11-16-1962</u> | 26. REGISTRAR'S SIGNATURE <u>Bonnie J. Jones</u> |

USE BLACK INK OR TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

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 L Miller

Licensed Embalmer No. 4720

P. O. Address Manassas 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.