

FILED SEP 16 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

30725

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5369</u>		Registrar's No. <u>275</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Brooking)</u>		c. LENGTH OF STAY (in this place) <u>13 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>204 California</u>		<u>68</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6717 Heinz</u>				d. STREET ADDRESS (If rural, give location) <u>204 S. High Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Frederick Ervin</u>		b. (Middle) <u>Todd</u>		c. (Last) <u>Todd</u>	
4. DATE OF DEATH		a. (Month) <u>Aug.</u>		b. (Day) <u>28</u>		c. (Year) <u>1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>3-3-1882</u>	
9. AGE (In years last birthday) <u>67</u>		10. MONTHS <u>5</u>		11. DAYS <u>25</u>		12. HOURS <u>1</u> MIN. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Telegrapher</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pacific R.R. California, Missouri</u>			
13a. FATHER'S NAME <u>Tilman A. Todd</u>				13b. MOTHER'S MAIDEN NAME <u>Lisetta Duvanick</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 year or dates of service) <u>No XXXX</u>			
16. SOCIAL SECURITY NO. <u>702-14-4082</u>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William C. Glover Jr. 6717 Heinz.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No Sect Permit</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>California, Missouri</u>		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter H. Quinn</u>		(Degree or title)		23b. ADDRESS <u>1034 Reardon Rd</u>		23c. DATE SIGNED <u>8-29-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 29 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>		24d. LOCATION (City, town, or county) (State) <u>California, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 2-1949</u>		REGISTRAR'S SIGNATURE <u>James A. Coan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Clark Heger</u>		ADDRESS <u>Raytown Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Sept. 13-49

SEP 18 REC'D

OCT 11 1949

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 _____

Gail L. Slack

Student Embalmer No. 335

working under my personal supervision.

Student Gail L. Slack

Student Embalmer

Signed

E. Clark Hegert

Licensed Embalmer No. 3983

P. O. Address Raytown, Missouri.

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 this body is not embalmed, fact should be so stated above.