

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21863**

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 121	
1. PLACE OF DEATH a. COUNTY VERNON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY VERNON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neveda		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HARWOOD		d. STREET ADDRESS (If rural, give location) 805 W. Hunter	
d. FULL NAME OF HOSPITAL OR INSTITUTION MANLOVE NURSING HOME				1080			
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) MURTL c. (Last) TEETOR			4. DATE OF DEATH (Month) (Day) (Year) July 3 1954				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 28 1875		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 9 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Schell City Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME David Wesley Moore		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE J.R. Teetor			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Effie Stevens		ADDRESS HARWOOD Mo.		
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) Uremia				INTERVAL BETWEEN ONSET AND DEATH 2 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hepatitis				3 weeks	
		DUE TO (c) Generalized arteriosclerosis				1 yr +	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 446 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from April 26, 1954 , to July 3, 1954 , that I last saw the deceased alive on July 3, 1954 , and that death occurred at 7 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ray W. Pease, M.D.				23b. ADDRESS Uevada Mo.		23c. DATE SIGNED 7/7/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-6-1954	24c. NAME OF CEMETERY OR CREMATORY HARWOOD CEMETERY		24d. LOCATION (City, town, or county) (State) HARWOOD Mo.		
DATE REC'D BY LOCAL REG. 7-7-1954		REGISTRAR'S SIGNATURE Umma E. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE OURWAGGON		ADDRESS HARWOOD Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Oluf Bengtson

Signed.....
Student Embalmer

Licensed Embalmer No. 2709

P. O. Address HARWOOD, Me

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.