

FILED OCT 28 1946 STANDARD CERTIFICATE OF DEATH

State File No. 20

Registration District No. 298

Primary Registration District No. 4448

Registrar's No.

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Lawson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89  
(c) City or town Lawson  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PLEASANT THOMAS TEEGARDEN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lucy Mellon 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased Aug 19 1879  
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 23 If less than one day hr. min.

9. Birthplace Ray Co (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name Isaac Teegarden

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Ellen M. Gubbins

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Teegarden

(b) Address Lawson Missouri

17. (a) Burial (b) Date thereof Oct 16 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmira Cemetery

18. (a) Signature of funeral director Jerman - P. Richard

(b) Address Lawson Mo

19. (a) Oct. 7 1946 (b) Mrs. Raymond Krowe  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12  
year 1946 hour 3:15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Oct. 11, 1946  
1946 to Oct. 12 1946  
that I last saw him alive on Oct. 12 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure  
& anasarca (generalized)  
Due to Cardio-Renal Vascular Disease

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 1317  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Glenn Duhrer (M. D. or other) 0  
Address Lawson Mo Date signed Oct 14 1946

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

33348

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RECEIVED

Health Officer No. 0;

File No. \_\_\_\_\_

Date Filed 10-26-46

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... E. E. White.....

Licensed Embalmer No. 4168.....

P. O. Address Excelsior Springs.....

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.