

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8131

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 326

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural—South Campbell Twp</b>		c. LENGTH OF STAY (in this place) <b>14 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sparta - Rural</b>		29
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>OSZARK OSTEOPATHIC HOSPITAL</b>			d. STREET ADDRESS (If rural, give location) <b>Rt 1</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>oscar</b> c. (Last) <b>McTeer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 8 - 49</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct. 8, 1880</b>		9. AGE (In years last birthday) <b>68</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Sparta, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Robert McTeer</b>		13b. MOTHER'S MAIDEN NAME <b>May McCoy</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Time Jane McTeer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Time Jane McTeer</b> ADDRESS _____		
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				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Embolism</b>				
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>retention of bladder</b>				
	DUE TO (c) <b>Hypertrophy of prostate</b>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION <b>3-25-49</b>	19b. MAJOR FINDINGS OF OPERATION <b>Hypertrophy of prostate gland.</b>				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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from <b>3-25, 1949</b> , to <b>4-8, 1949</b> , that I last saw the deceased alive on <b>4-8, 1949</b> , and that death occurred at <b>12 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>William A. Stegalski</b> (Degree or title)			23b. ADDRESS <b>900 E. Sunshine Sparta, Mo.</b>		23c. DATE SIGNED <b>4/8/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>4/8/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sparta, Mo.</b>		24d. LOCATION (City, town, or county) (State) <b>Sparta, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>4/8/49</b>	REGISTRAR'S SIGNATURE <b>W. J. Handley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>T. B. Chabbin</b> ADDRESS <b>Ozark, Mo.</b>		

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*F. B. Chubb*

Licensed Embalmer No. 2192

P. O. Address Ozark, 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 this body is not embalmed, fact should be so stated above.