No. 300
10.48

FILED MAR 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9557

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 44

85
0
0

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richland
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: Pulaskis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richland
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Ada
c. (Last): Teeple

4. DATE OF DEATH (Month) (Day) (Year): 3 - 8 - 49

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 3 1896
9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months 4, Days 5
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sloulland Mo Lachede Co.
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Monroe Peavey
13b. MOTHER'S MAIDEN NAME: Jansy Rippy
14. NAME OF HUSBAND OR WIFE: Richard B Teeple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: R B Teeple
ADDRESS: Richland

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Heart Disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ Probably thrombosis this was a sudden death
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 2 minutes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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 5:52 pm., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy [illegible] M.D.
23b. ADDRESS: Richland
23c. DATE SIGNED: 15 Mar 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/13/49
24c. NAME OF CEMETERY OR CREMATORY: Oaklawn
24d. LOCATION (City, town, or county): Richland (State): Mo

DATE REC'D BY LOCAL REG.: 3-23-49
REGISTRAR'S SIGNATURE: Thelma C. Backthrope 389
25. FUNERAL DIRECTOR'S SIGNATURE: R B Teeple
ADDRESS: Richland

H.S. (Licensed Embalmer's Statement on Reverse Side)

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

AUG 7 1953

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.

Signed Albert G. Kopp

Signed _____
Student Embalmer

Licensed Embalmer No. 2977

P. O. Address 4700 Washington St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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