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

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11824

BIRTH NO. _____ REG. DIST. NO. 5 PRIMARY REG. DIST. NO. 5252 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Missouri
c. LENGTH OF STAY (in this place): 65 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 miles north of Glasgow

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Missouri 21
d. STREET ADDRESS (If rural, give location): 1 miles north of Glasgow

3. NAME OF DECEASED (Type or Print)
a. (First) Bernard b. (Middle) Henry c. (Last) Tebbe

4. DATE OF DEATH (Month) April (Day) 29 (Year) 1949

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Feb 22 1868
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Ohio 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Bernard Henry Tebbe
13b. MOTHER'S MAIDEN NAME: Caroline Seimers
14. NAME OF HUSBAND OR WIFE: _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____
16. SOCIAL SECURITY _____ NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. John Tebbe — ADDRESS: Forest Green 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Stenosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
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: 410X

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 _____, 1945, to _____, 1949, that I last saw the deceased alive on* April-29 1949, *and that death occurred at* 4:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. J. E. Hamb 2 do
23b. ADDRESS: Glasgow - Mo
23c. DATE SIGNED: 4-30-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 2, 1949
24c. NAME OF CEMETERY OR CREMATORY: Washington Cemt'y
24d. LOCATION (City, town, or county): Glasgow (State) Mo

DATE REC'D BY LOCAL REG.: 5-9-49
REGISTRAR'S SIGNATURE: Melvin L. Boone 56
25. FUNERAL DIRECTOR'S SIGNATURE: Audsley Triemonth — ADDRESS: Glasgow Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 11
District Health Officer No. 8,
District File Number
Date Filed 5-11-49

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 E. A. Greenwood

Signed
Student Embalmer

Licensed Embalmer No. 3978

P. O. Address Glasgow, Va

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

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