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FILED SEP 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26045**

BIRTH NO. _____		REG. DIST. NO. <b>13</b>		PRIMARY REG. DIST. NO. <b>5060</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>BARRY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BARRY</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PIONEER</b>				c. LENGTH OF STAY (in this place) <b>1</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1/2 MILE W. PIONEER</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PURDY</b>			
d. STREET ADDRESS <b>✓</b>				e. STREET ADDRESS (If rural, give location) <b>✓</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>SARAH</b>			b. (Middle) <b>ANN</b>			c. (Last) <b>M<sup>S</sup> TEER</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>AUG 22 1949</b>		5. SEX <b>F</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>JUNE 6, 1879</b>		9. AGE (In years last birthday) <b>70 yrs.</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		11. BIRTHPLACE (State or foreign country) <b>LINCOLN COUNTY, KY</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JOHN C. TINDLE</b>			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE <b>JOHN H. M<sup>S</sup> TEER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. EURAL LATSHAW</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>			
18. CAUSE OF DEATH (cont.) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>			
18. CAUSE OF DEATH (cont.) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4222			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>7-3</b> , 19 <b>47</b> , to <b>8-12</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>8-20</b> , 19 <b>49</b> , and that death occurred at <b>4:20 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. D. Baldwin</b>				23b. ADDRESS <b>Purdy Mo</b>		23c. DATE SIGNED <b>8-29-49</b>	
24a. BURIAL / CREMATION / REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug 25, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pleasant Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Barry County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>9-26-49</b>		REGISTRAR'S SIGNATURE <b>WM West</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. C. Koon</b>			
				ADDRESS <b>Cassville, Mo.</b>			

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

*W. C. Koon*

Licensed Embalmer No.

*4359*

P. O. Address

*Cassville, 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.