

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36757**

BIRTH NO. **40698-49** REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **4165** Registrar's No. **115**

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Daviess</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>Gallatin</b> / c. LENGTH OF STAY (In this place) <b>Life</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>Gallatin</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>---</b>   |  | d. STREET ADDRESS (If rural, give location) <b>---</b>   |  |

|                                     |                           |                        |                       |                                       |
|-------------------------------------|---------------------------|------------------------|-----------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>Beverly</b> | b. (Middle) <b>Kay</b> | c. (Last) <b>Teel</b> | 4. DATE OF DEATH (Month) (Day) (Year) |
|                                     |                           |                        |                       | <b>Nov. 18 1949</b>                   |

|                      |                               |   |                                      |  |                     |                   |                                    |
|----------------------|-------------------------------|---|--------------------------------------|--|---------------------|-------------------|------------------------------------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b> | 8. DATE OF BIRTH <b>June 15 1949</b> | 9. AGE (In years last birthday) <b>5</b> | 10. MONTHS <b>3</b> | 11. DAYS <b>3</b> | 12. IF UNDER 24 HRS. Hours   Mins. |
|----------------------|-------------------------------|---|--------------------------------------|--|---------------------|-------------------|------------------------------------|

|   |  |   |  |
|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>---</b> | 11. BIRTHPLACE (State or foreign country) <b>Gallatin, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|---|--|---|--|

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME <b>James D. Teel</b> | 13b. MOTHER'S MAIDEN NAME <b>Elizabeth Thompson</b> | 14. NAME OF HUSBAND OR WIFE <b>---</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>James D. Teel, Gallatin, Mo.</b> | ADDRESS |
|---|-------------------------------------|---|---------|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Hemorrhage</b>   |  | <b>5 hrs.</b>                    |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Lobar Pneumonia</b> |  | <b>7 days</b>                    |
| DUE TO (c)  |  |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  | <b>490X</b>                      |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |
|  |  | <b>Gallatin Daviess Mo.</b>                   |

|  |  |                            |
|--|--|----------------------------|
| 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 **Nov. 10, 1949**, to **Nov. 17, 1949**, that I last saw the deceased alive on **Nov. 17, 1949**, and that death occurred at **4:30A** m., from the causes and on the date stated above.

|  |                                   |                                       |
|--|-----------------------------------|---------------------------------------|
| 23a. SIGNATURE (Degree or title) <b>Floyd E. Nelson M.D.</b> | 23b. ADDRESS <b>Gallatin, Mo.</b> | 23c. DATE SIGNED <b>Nov. 19, 1949</b> |
|--|-----------------------------------|---------------------------------------|

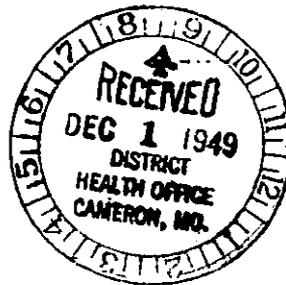
|   |                             |  |  |
|---|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>11-19-1949</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Brown Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Gallatin, Mo.</b> |
|---|-----------------------------|--|--|

|  |  |   |  |
|--|--|---|--|
| DATE REC'D BY LOCAL REG. <b>21 Nov. 1949</b> | REGISTRAR'S SIGNATURE <b>Regena M. Engelbert</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>F. O. Nicholson</b> | ADDRESS <b>Hope Federal Home Gallatin, Mo.</b> |
|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

31  
1  
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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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed

L. O. Dickerson  
Licensed Embalmer No. 3307

P. O. Address Gallatin, 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.