

No. 500
10-48

FILED JUL 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. 19301

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give town) Lamar		c. CITY (If outside corporate limits, write RURAL and give township) Lamar	
c. LENGTH OF STAY (in this place) 2 Days		d. STREET ADDRESS (If rural, give location) 302 E. 6th. St.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital			

3. NAME OF DECEASED a. (First) William b. (Middle) Orason c. (Last) TETERS			4. DATE OF DEATH (Month) (Day) (Year) June 21, 1950	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 4, 1868	9. AGE (In years last birthday) 81	10. UNDER 1 YEAR Months 6 Days 18	11. UNDER 2 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer	10b. KIND OF BUSINESS OR INDUSTRY - - - - -	11. BIRTHPLACE (State or foreign country) Fort Dodge, Iowa.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME John Teters	13b. MOTHER'S MAIDEN NAME Mary Moore	14. NAME OF HUSBAND OR WIFE Maggie Wright Teters
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Maggie Teters	ADDRESS Lamar, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 8 Mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Liver		
	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. Old Age		157A	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Dec 17, 1949**, to **June 21, 1950**, that I last saw the deceased alive on **June 21, 1950**, and that death occurred at **9:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) H.M. Arnold M.D.	23b. ADDRESS Lamar Missouri	23c. DATE SIGNED June 23, 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-25-1950	24c. NAME OF CEMETERY OR CREMATORY Oak Hill	24d. LOCATION (City, town, or county) (State) Carthage, Mo.
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DATE REC'D BY LOCAL REG. JUN 23 1950	REGISTRAR'S SIGNATURE Marie Konantz	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home	ADDRESS Carthage, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 26 1950
District Health Office No. 6,
District File Number 650-714
Date Filed 6-26-50

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 _____

.....
working under my personal supervision.

Student,
Student Embalmer

Student Embalmer No. _____

Signed John S. Penner

Licensed Embalmer No. 4194

P. O. Address Contra Costa, Ca

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.