

No. 300  
10-48

FILED JUL 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21243

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6023 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Knoxville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Knoxville Township</b>	
c. LENGTH OF STAY (in this place) <b>60 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>2 1/2 miles SW Knoxville, Misso</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 1/2 miles SW Knoxville</b>			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>Nancy</b>	b. (Middle) <b>Jane</b>	c. (Last) <b>Teegarden</b>	(Month) (Day) (Year) <b>May 21, 1950</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>January 30, 1866</b>	9. AGE (In years last birthday) <b>84</b>	10. UNDER 1 YEAR Months <b>4</b>	11. UNDER 1 HR. Days <b>21</b>	Hours <b>21</b>	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Houskeeping, self</b>	11. BIRTHPLACE (State or foreign country) <b>0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>George W. Carter</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Anna Mullins</b>	14. NAME OF HUSBAND OR WIFE <b>Aaron Teegarden</b>
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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>Aaron Teegarden, Rayville, Missouri</b>	ADDRESS <b>Rayville, Missouri</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>3 wks</b> <b>4 1/2</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Influenza</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <b>Knoxville Ray Mo</b>
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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?
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22. I hereby certify that I attended the deceased from **April 30, 1950**, to **May 21, 1950**, that I last saw the deceased alive on **May 20, 1950**, and that death occurred at **9:40 A.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>Oliver E. Bucher, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Lawson Mo</b>	23c. DATE SIGNED <b>May 24, 1950</b>
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24a. BURIAL, CREMATION, REMOVAL, etc. <b>Burial</b>	24b. DATE <b>May 23, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Teegarden Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Ray County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>May 23, 1950</b>	REGISTRAR'S SIGNATURE <b>Mrs. Raymond Howard</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>West-Lile Funeral Home</b>	ADDRESS <b>Richmond, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 12  
District Health Officer No. ,

District File Number \_\_\_\_\_

Date Filed 6-29-50

JUN 9 1950

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 Embalmer No. ....

Signed \_\_\_\_\_

*George White*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4069

P. O. Address Richmond, Va.

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.