

FILED NOV 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33952**

512

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

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>135</u>			
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Johnson.</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg.</u>		c. LENGTH OF STAY (in this place) <u>8yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg.</u>		<u>0512</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Hospital.</u>				d. STREET ADDRESS (If rural, give location) <u>101, Broad St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>		b. (Middle) <u>Stoughton</u>		c. (Last) <u>Tetley.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 27, 1950.</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married.</u>	8. DATE OF BIRTH <u>June 15, 1873</u>		9. AGE (in years last birthday) <u>77</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Methodist.</u>		11. BIRTHPLACE (State or foreign country) <u>Knoblick, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>F. I. Tetley.</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jane Bland.</u>		14. NAME OF HUSBAND OR WIFE <u>Ada P. Tetley</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Renal Cardiac Vascular Disease</u>					<u>2 yrs.</u>		
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>44 2X</u>		
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)					
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 <u>10-2-1942</u> , to <u>10-27-1950</u> , that I last saw the deceased alive on <u>10-27-1950</u> , and that death occurred at <u>11:45A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Warrensburg Mo</u>		23c. DATE SIGNED <u>10-28-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>29 Oct. 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset, Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg. MO.</u>				
DATE REC'D BY LOCAL REG <u>Oct. 28, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Sweeney Phillips, Warrensburg, Mo.</u>			

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.....
Student Embalmer

Signed *Leo P. McQuirk*.....

Licensed Embalmer No. *4807*.....

P. O. Address *Warrensburg, 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.