

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **38057**

FILED NOV 20 1950

No. 300
10.48

850

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

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4431</u>		Registrar's No. <u>129</u>		
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Pulaski</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Crocker</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Crocker</u>		d. STREET ADDRESS (If rural, give location) _____		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vivian</u> b. (Middle) <u>WINIFRED</u> c. (Last) <u>TEEBBE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-6-1950</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 16-1885</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mo. U.S.</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>James Monroe Stokes</u>			13b. MOTHER'S MAIDEN NAME <u>Ameyns Atwell</u>		14. NAME OF HUSBAND OR WIFE <u>James M Teebbe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>32 IX</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>Yes</u>	
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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Nov. 4</u> , 1950, to <u>Nov. 6</u> , 1950, that I last saw the deceased alive on <u>Nov. 6</u> , 1950, and that death occurred at <u>10:00</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Wm. A. Gaild D.O.</u>				23b. ADDRESS <u>Alberia Mo.</u>		23c. DATE SIGNED <u>11/14/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/8/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crocker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Crocker, MO</u>		
DATE REC'D BY LOCAL REG. <u>11-16-50</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buckthous</u>		389		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.B. Dupree Richards</u> ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-16-50
Pulaski County Health Officer
File Number
Date Filed 11-16-50

NOV 27 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. _____

Student _____
Student Embalmer

Signed _____
Licensed Embalmer No. 3198
P. O. Address Richmond 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.