

FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5591

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>St. FRANCIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FARMINGTON</u>	
c. LENGTH OF STAY (In this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>105 WEST 6TH</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOTHWELL MEMORIAL HOSP.</u>			
3. NAME OF DECEASED a. (First) <u>VIVIAN</u>		b. (Middle) <u>McCURDY</u>	
c. (Last) <u>TETLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 3, 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 27, 1897</u>
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>LaMonte, Mo</u>
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 <u>Own Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John L McCurdy</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Fristoe</u>	
13c. NAME OF HUSBAND OR WIFE <u>Lionel Tetley</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-07-5390</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Linonel Tetley, Farmington, Mo</u> 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>Pulmonary Embolism</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis in left leg</u> <u>2 da</u> DUE TO (c) <u>multiple contusions lacerations and dislocated hip</u> <u>13 da</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>88 1/2</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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, large factory, street, office bldg., etc.) <u>Highway 40</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Saline, MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 15 1951 4:45 p</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>By collision of automobile</u>			
22. I hereby certify that I attended the deceased from <u>Feb 15, 1951</u> , to <u>Mar 3, 1951</u> , that I last saw the deceased alive on <u>Mar 3, 1951</u> , and that death occurred at <u>1:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. L. Walter M.D.</u>		23b. ADDRESS <u>Sedalia Mo</u>	
23c. DATE SIGNED <u>3-4-1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 5, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Park View</u>		24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/5/1951</u>		REGISTRAR'S SIGNATURE <u>Dr. Campbell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Beckert</u>		ADDRESS <u>Sedalia Mo</u>	

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

0204

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RECEIVED 3-12-51
DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-12-51 _____

MAR 23 1951

MAR 24 1951

JAN 30 1959

MAR 2 1952

AUG 2 1951

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 Roger F. Fuller

Licensed Embalmer No. 1818

P. O. Address Sidalia, 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.