

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9201

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>644 So Main St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>644 So Main</u>			
3. NAME OF DECEASED a. (First) <u>Lohn</u> b. (Middle) <u>L.</u> c. (Last) <u>Teter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 30 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 4, 1898</u>
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Massachusetts</u>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Thomas Lee Teter</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Mc Donald</u>	14. NAME OF HUSBAND OR WIFE <u>Ada Teter</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>487-10-5430</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ada Teter</u> ADDRESS <u>Brookfield</u>
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 arteriosclerosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Myotonia</u> DUE TO (c) <u>Myxedema</u> 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"/>
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) (Min.)		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>dead on arrival</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/29</u> , 19 <u>51</u> , and that death occurred at <u>8A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. W. Bohlsaid</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>212 E. Main Brookfield Mo.</u>	23c. DATE SIGNED <u>7/31/51</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 3 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brookfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-3-51</u>	REGISTRAR'S SIGNATURE <u>NB Egan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brookfield Funeral Home</u> ADDRESS <u>Brookfield</u>	

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

Date Received: APR 9 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 4-51-68  
Date Filed: APR 9 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 James B. McClelland  
Licensed Embalmer No. 4230

P. O. Address Brookfield, 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.