

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24005**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **126**

5872

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Zloma</b>		d. STREET ADDRESS (If rural, give location) <b>405 W. Second St.,</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRED</b> b. (Middle) _____ c. (Last) <b>TEASDALE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 1, 1951</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 1, 1884</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 1 HRS. Days <b>0</b>	IF UNDER 1 MIN. Hours <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Rural Carrier</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Postal Department</b>	11. BIRTHPLACE (State or foreign country) <b>Ellis, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>George Edward Teasdale</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Jane Kiplinger</b>	14. NAME OF HUSBAND OR WIFE <b>Irene A. Teasdale</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Trene A. Teasdale, 405 W. 2nd, Rolla, Mo.</b>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertension. Embolus of Coronary Arteries</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic nephritis/hypertension</b> DUE TO (c) <b>Cerebral hemorrhage</b>		
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 <b>no</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>no</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>no</b>
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22. I hereby certify that I attended the deceased from **July 19, 1951**, to **August 1, 1951**, that I last saw the deceased alive on **July 30, 1951**, and that death occurred at **9:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. E. Brenner</b>	(Degree or title)	23b. ADDRESS <b>Rolla Mo. Remedy</b>	23c. DATE SIGNED <b>Aug 27</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>August 4, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rolla</b>	24d. LOCATION (City, town, or county) (State) <b>Rolla, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Aug 27, 1951</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	380	25. FUNERAL DIRECTOR'S SIGNATURE <b>R. H. Holloway</b>	ADDRESS <b>1100 Elm St., Rolla, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 20 1951

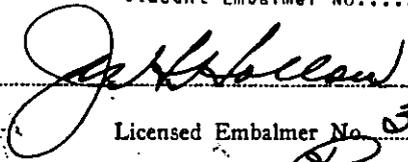
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_



Signed.....  
Student Embalmer

Licensed Embalmer No. 3643

P. O. Address Rolla, 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.