

FILED NOV 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38343

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 352

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pettis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Sedalia</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Sedalia, Missouri</u> <u>0804</u>                      |  |
| c. LENGTH OF STAY (in this place)<br><u>52 days</u>  |  | d. STREET ADDRESS (If rural, give location)<br><u>1514 S. Prospect</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Memorial</u>                               |  |   |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 3. NAME OF DECEASED<br>a. (First) <u>Mary</u> b. (Middle) <u>J. C.</u> c. (Last) <u>Teter</u> |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Nov 12, 1951</u> |  |  |
| 5. SEX<br><u>Female</u>   |  | 6. COLOR OR RACE<br><u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> |  |
| 8. DATE OF BIRTH<br><u>Aug 6, 1871</u>  |  | 9. AGE (in years last birthday) <u>80</u>   |  | IF UNDER 1 YEAR: <u>3</u> Months <u>6</u> Days                           |  |
| IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u>                         |  |
| 11. BIRTHPLACE (State or foreign country)<br><u>Vernon Co. Missouri</u>                       |  |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                   |  |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME<br><u>Eugene B. Anderson</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Martha Ellen Howard</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>A. O. Teter</u>                    |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> |  | 16. SOCIAL SECURITY NO.<br><u>None</u>                  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>A. O. Teter, Sedalia, Mo</u> |  |

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Varicella pneumonia</u>   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Influenza and a kidney infection</u> |  |                                  |
|   | DUE TO (c) <u>nephritis.</u>  |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |                                  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>480X</u>  |  | 20. AUTOPSY?<br>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) |  | 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 Nov 6, 1951, to Nov 12, 1951, that I last saw the deceased alive on Nov 12, 1951, and that death occurred at 3 P.m., from the causes and on the date stated above.

|                                      |  |                             |  |                                    |  |                                       |  |
|--------------------------------------|--|-----------------------------|--|------------------------------------|--|---------------------------------------|--|
| 23a. SIGNATURE<br><u>[Signature]</u> |  | (Degree or title) <u>MD</u> |  | 23b. ADDRESS<br><u>Sedalia, Mo</u> |  | 23c. DATE SIGNED<br><u>Nov 13, 51</u> |  |
|--------------------------------------|--|-----------------------------|--|------------------------------------|--|---------------------------------------|--|

|  |  |                                |  |  |  |   |  |
|--|--|--------------------------------|--|--|--|---|--|
| 24a. BURIAL CREMATION REMOVAL (Specify)<br><u>Burial</u> |  | 24b. DATE<br><u>Nov 15, 51</u> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>Sedalia, Missouri</u> |  |
|--|--|--------------------------------|--|--|--|---|--|

|   |  |   |  |  |  |                                |  |
|---|--|---|--|--|--|--------------------------------|--|
| DATE REC'D BY LOCAL REG.<br><u>11/14/51</u> |  | REGISTRAR'S SIGNATURE<br><u>[Signature]</u> |  | FUNERAL DIRECTOR'S SIGNATURE<br><u>[Signature]</u> |  | ADDRESS<br><u>Sedalia, Mo.</u> |  |
|---|--|---|--|--|--|--------------------------------|--|

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

RECEIVED NOV 19 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed NOV 19 1951

MAR 6 1953

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 P. E. Baker

Signed.....  
Student Embalmer

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.