

FILED FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

730

State File No.

BIRTH NO. 2-7-52 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5348 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived). If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY OR TOWN <u>Rural Sac twp.</u>	c. LENGTH OF STAY (in this place) <u>5 months</u>	c. CITY OR TOWN <u>Rural Sac twp.</u> <u>0290</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Star Route Greenfield</u>		d. STREET ADDRESS (If rural, give location) <u>Star Route Greenfield</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u> b. (Middle) <u>May</u> c. (Last) <u>Tefertiller</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 1, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-Dec. 3, 1874</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 24 HOURS Days <u>28</u>	IF UNDER 60 MIN. Hours <u>-</u> Min. <u>-</u>
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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>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Dade Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Allen Fox</u>	13b. MOTHER'S MAIDEN NAME <u>Minerva Langford</u>	14. NAME OF HUSBAND OR WIFE <u>George Tefertiller</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hiram Tefertiller; Star Rt, Greenfield, Mo.</u>	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 <u>36 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1-31, 1952, to 1-31, 1952, that I last saw the deceased alive on 1-31, 1952, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lee A. McNeil</u> (Degree or title)	23b. ADDRESS <u>Greenfield, Missouri</u>	23c. DATE SIGNED <u>2-2-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 3, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fullington Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dade County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-7-52</u>	REGISTRAR'S SIGNATURE <u>Geo. Weir</u> <u>79</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada, Greenfield, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

J. C. Canada

Signed.....
Student Embalmer

Licensed Embalmer No. *4196*

P. O. Address. *Greenfield, 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.