

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15851

State File No.

S. No. 300
v. 10.48

FILED MAY 26 1952

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u>		c. LENGTH OF STAY (in this place) <u>2 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u>		d. STREET ADDRESS (If rural, give location) <u>0201</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chambers Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>B.</u> c. (Last) <u>Teague</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 1952</u>				
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>Feb. 2, 1875</u>	
9. AGE (In years last birthday) <u>77</u>		10. 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>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cedar County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Daley</u>		13b. MOTHER'S MAIDEN NAME <u>White</u>		13c. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		15. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George W. ...</u> ADDRESS <u>El Dorado Springs, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy.</u> INTERVAL BETWEEN ONSET AND DEATH <u>22 mos</u> ANTECEDENT CAUSES DUE TO (b) <u>Original attack 14 July, 1950.</u> 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 <u>33.4 X</u>				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)		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>14 July, 1950</u> , to <u>20 May, 1952</u> , that I last saw the deceased alive on <u>20 May, 1952</u> , and that death occurred at <u>9:55 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John Hill, M.D.</u> (Degree or title)				23b. ADDRESS <u>El Dorado Springs, Mo.</u>		23c. DATE SIGNED <u>22 May 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-22-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clintonville</u>		24d. LOCATION (City, town, or county) (State) <u>El Dorado Springs, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 23, 1952</u>		REGISTRAR'S SIGNATURE <u>George W. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. ...</u> ADDRESS <u>El Dorado Springs, Mo.</u>			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Max W. Dickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.