

No. 30710 JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19833

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Christian - <i>Trinity</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Christian Co. <i>HINKEY TP.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Co.		d. STREET ADDRESS (If rural, give location) Christian Co.	

3. NAME OF DECEASED (Type or Print)	a. (First) Wm.	b. (Middle) Andrew	c. (Last) McTeer	4. DATE OF DEATH (Month) (Day) (Year) Mar. 26, 1952
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5. SEX Male <i>0</i>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 1, 1874	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mo. <i>0</i>	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jim McTeer	13b. MOTHER'S MAIDEN NAME Mary Gann	14. NAME OF HUSBAND OR WIFE Mrs. May McTeer <i>Clark Mo</i>
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Susie McCoy Anderson, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Primary lateral sclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 yr +</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. 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)	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 10 Feb., 1952, to 26 Mar., 1952, that I last saw the deceased alive on 24 Mar., 1952, and that death occurred at 4 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) <i>MD</i>	23b. ADDRESS <i>Clark, Mo</i>	23c. DATE SIGNED <i>10 Apr 52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 30, 52	24c. NAME OF CEMETERY OR CREMATORY Shipman Cemetery	24d. LOCATION (City, town, or county) (State) Christian, Missouri
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DATE REC'D BY LOCAL REG. <i>June 12, 1952</i>	REGISTRAR'S SIGNATURE <i>Luella Leonard</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>F. B. Chappin</i>	ADDRESS <i>Clark, Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

0220

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

V. B. Chaffin

Licensed Embalmer No. *2192*

P. O. Address *Ozark, 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.