

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25128

State File No.

S. No. 300
v. 10.48

AUG 14 1952

BIRTH NO. _____		REG. DIST. NO. <u>211</u>		PRIMARY REG. DIST. NO. <u>4324</u>		Registrar's No. <u>19-52</u>							
1. PLACE OF DEATH a. COUNTY <u>Miller 0660</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>									
b. CITY OR TOWN <u>Luscomb</u>		c. LENGTH OF STAY (In this place) <u>1 Week</u>		c. CITY (If outside corporate limits, write BURAL and give township) <u>Eugene</u>		OR TOWN <u>0</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphrey's Hosp.</u>				d. STREET ADDRESS <u>0660</u> <u>Luscomb Township</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>			b. (Middle) <u>PETER</u>		c. (Last) <u>TELLMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1952</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Mar 23, 1874</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Miller Co., Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Herman S. Tellman</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Schwallen</u>			14. NAME OF HUSBAND OR WIFE <u>Josephine deceased</u>							
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>Ed. Tellman</u>			ADDRESS <u>Eugene 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia & Peritonitis</u>								INTERVAL BETWEEN ONSET AND DEATH <u>6 DAYS</u>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perforation of Spleen and Perforation of Right Lung</u>								<u>7 DAYS</u>			
		DUE TO (c) <u>Accident. Ran over by tractor</u>								<u>7 DAYS</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>								<u>1 1/2 YRS.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E4121</u> <u>066 3</u>										20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Eugene rural Miller, Mo.</u>								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 23 52 6:00 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW AND INJURY OCCURRED <u>Ran over by Tractor</u>								
22. I hereby certify that I attended the deceased from <u>Jan 10 1942</u> , to <u>July 30 1952</u> , that I last saw the deceased alive on <u>July 30 1952</u> , and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>M. E. Humphrey D.O.</u> 2 (Degree or title)						23b. ADDRESS <u>Luscomb, Mo.</u>			23c. DATE SIGNED <u>8-1-52</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 2, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mary's Home</u>			24d. LOCATION (City, town, or county) (State) <u>Eugene Mo</u>						
DATE REC'D BY LOCAL REG. <u>Aug 2, 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Phillips</u>			ADDRESS <u>Eugene</u>					

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

RECEIVED
APR 7 1952
MILLER COUNTY HEALTH
DEPARTMENT

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 *Louis D. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Bedou*

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.