

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42756

State File No. _____

Registrar's No. 49

FILED JAN 5 1953

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5673

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Monroe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Monroe</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>4 mi S.E. of Moscow Mills Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi S.E. of Moscow Mills Mo</u>		e. STREET ADDRESS (If rural, give location) <u>4 mi S.E. of Moscow Mills Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>TEASLEY</u> c. (Last) <u>TEASLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 26, 52</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>married</u>	8. DATE OF BIRTH <u>Nov 4 1886</u>	9. AGE (In years last birthday) <u>66</u> 1 <u>1</u> 22	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Moscow Mills Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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	11. BIRTHPLACE (City and State or Foreign Country) <u>Moscow Mills Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Harmon Rahmiah</u>	13b. MOTHER'S MAIDEN NAME <u>Solis Melma</u>	14. NAME OF HUSBAND OR WIFE <u>White Teasley</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>White Teasley</u> ADDRESS <u>Moscow Mills Mo</u>
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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>Dec. 21</u> <u>several years</u> <u>"</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease</u> DUE TO (c) <u>Arteriosclerosis</u>		
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>4/2x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 Oct, 1951, to Dec 24, 1952, that I last saw the deceased alive on Dec 24, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Z. Kelley</u> (Degree or title) <u>D. O.</u>	23b. ADDRESS <u>Troy Mo.</u>	23c. DATE SIGNED <u>Dec 26 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Paul Evangelical</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 31-52</u>	REGISTRAR'S SIGNATURE <u>Emma B. Ridder</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne M. Coy</u> ADDRESS <u>Troy Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

No. 300
10. 48
570
1

NOV 3 1963

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 Wayne McCoy
Licensed Embalmer No. 3586

P. O. Address Jay 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.