

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10-48 FILED DEC 31 1952

BIRTH NO. _____ REG. DIST. NO. **288** PRIMARY REG. DIST. NO. **4355** Registrar's No. **53**

2
3

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

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Madrid		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Madrid 0720	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 5 Miles N. New Madrid	
d. FULL NAME OF HOSPITAL OR INSTITUTION No.			

3. NAME OF DECEASED (Type or Print) Troy Dale Teet	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Dec. 17. 52
--------------------------------------------------------------	------------	-------------	-----------	-------------------------------------------------------------

5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July, 21. 1927	9. AGE (In years last birthday) 25	10. UNDER 1 YEAR (Months) (Days) 4 26	11. UNDER 10 HRS. (Hours) (Min.)
-----------------	-------------------------------	-----------------------------------------------------------------------------	----------------------------------------	-------------------------------------------	----------------------------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Labor.	10b. KIND OF BUSINESS OR INDUSTRY Ditching Machine	11. BIRTHPLACE (City and State or Foreign Country) Kennett, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------	------------------------------------------------------------------------	----------------------------------------------

13a. FATHER'S NAME J. W. Teet	13b. MOTHER'S MAIDEN NAME Winnie Edwards.	14. NAME OF HUSBAND OR WIFE None
--------------------------------------	--------------------------------------------------	-----------------------------------------

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. No.	17. INFORMANT'S SIGNATURE OR NAME J. W. Teet	ADDRESS New Madrid, Mo.
---------------------------------------------------------------------------------------------------------------------	------------------------------------	-----------------------------------------------------	--------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed head and body, caused by working underneath Drainga ditching machine.		
	ANTECEDENT CAUSES working underneath Drainga ditching machine. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) machine. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS 89121 Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 072 3	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	-----------------------------------------------	-----------------------------------------------------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident,	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) New Madrid, New Madrid, Mo.
-----------------------------------------------------------	------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) D. c. 17. 52 10:30	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? caught by machinery under ditching machine.
---------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------

22. I hereby certify that I attended the deceased from **19** a. to **19**, that I last saw the deceased alive on **19**, and that death occurred at **10:30 m.**, from the causes and on the date stated above.

22a. SIGNATURE Geo. H. Hedges, 3 (Degree or title)	22b. ADDRESS New Madrid, Mo.	22c. DATE SIGNED 12/17/52
-----------------------------------------------------------	-------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/19/52	24c. NAME OF CEMETERY OR CREMATORY Evergreen	24d. LOCATION (City, town, or county) (State) New Madrid, Mo.
---------------------------------------------------------	---------------------------	-----------------------------------------------------	----------------------------------------------------------------------

DATE REC'D BY LOCAL REG. 12-27-52	REGISTRAR'S SIGNATURE Helene Louie Jones 216	25. FUNERAL DIRECTOR'S SIGNATURE Richards Und8t, Co.	ADDRESS New Madrid, Mo.
------------------------------------------	-----------------------------------------------------	-------------------------------------------------------------	--------------------------------

TEXAS STATE BOARD OF EXAMINERS
FOR EMBALMERS

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 Raymond Weisman.....

Licensed Embalmer No. 4884.....

P. O. Address New Madrid, 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.