

ED JAN 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 716

6000
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | | | |
|--|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>33</u> | | PRIMARY REG. DIST. NO. <u>291</u> | | Registrar's No. <u>2</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty Rural</u> | | c. LENGTH OF STAY (In this place) <u>1 year</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | <u>3108</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>loof Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1808 Pendleton</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Flora</u> | | b. (Middle) <u>A.</u> | | c. (Last) <u>Teed</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 3, 1953</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>May 1, 1867</u> | |
| 9. AGE (In years last birthday) <u>85</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 | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>J. R. Jennings</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unk King</u> | | 14. NAME OF HUSBAND OR WIFE <u>C. E. Teek</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Effie M. Busey 1808 Pendleton KC, 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 Haemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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>1950</u> , to <u>Jan</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 3, 1953</u> , and that death occurred at <u>4 P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>W. G. Goodson M.D.</u> | | | | 23b. ADDRESS <u>Liberty Mo</u> | | 23c. DATE SIGNED <u>Jan 5, 53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>1-5-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | |
| DATE RECD BY LOCAL REG. <u>Jan. 5-1953</u> | | REGISTRAR'S SIGNATURE <u>Donnie Haynes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lepton Cook, Funeral Home</u> | | ADDRESS <u>Liberty, Mo.</u> | |

(Licensed Embalmers' Statutes on Reverse Side)

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 John Parley
Licensed Embalmer No. 4308

P. O. Address Liberty, 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.