

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9140**

ED APR 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **64** PRIMARY REG. DIST. NO. **4110** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY <b>Chariton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>	
b. CITY OR TOWN <b>Salisbury</b>		c. CITY OR TOWN <b>Forest Green Mo.</b>	
c. LENGTH OF STAY (In this place) <b>1 yr.</b>		d. STREET ADDRESS (If rural, give location) <b>0210</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>East Third St.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WILLIAM</b>	b. (Middle) <b>A. H.</b>	c. (Last) <b>TECKEMEYER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 5 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Mar. 10, 1868</b>	9. AGE (In years, last birthday) <b>85</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Farm.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Augusta Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Fredrick Teckemeyer</b>	13b. MOTHER'S MAIDEN NAME <b>Julia Teubter</b>	14. NAME OF HUSBAND OR WIFE <b>Amelia Teckemeyer Dec.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Bell Teckemeyer</b>	ADDRESS <b>Forest Green</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Embolism</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Malolatic Coramina</b>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Original Cancer of Prostate - 3 1/2 yrs</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>177X</b>	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) (Min.)	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 **Mar 25, 1953**, to **4-5-1953**, that I last saw the deceased alive on **4-5-1953**, and that death occurred at **3:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Howard Lewis M.D.</b>	23b. ADDRESS <b>Salisbury Mo.</b>	23c. DATE SIGNED <b>4/6-53</b>
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24. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Apr. 7, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Salisbury City</b>	24d. LOCATION (City, town, or county) (State) <b>Salisbury Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4/10/53</b>	REGISTRAR'S SIGNATURE <b>Dr. Howard Lewis</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mudsky - Fremont</b>	ADDRESS <b>Glasgow Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 \_\_\_\_\_

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.