

FILED NOV 2- 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36114

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5025

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 14 Mo, "Rural"	
c. LENGTH OF STAY (in this place) 6 MONTHS		d. STREET ADDRESS (If rural, give location) 503 W. 86th Terrace	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8105 Madison Street			

3. NAME OF DECEASED (Type or Print) a. (First) Mr Louis b. (Middle) Floyd c. (Last) Teeter			4. DATE OF DEATH (Month) (Day) (Year) 10-19-1953		
5. SEX D Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-4-1896	9. AGE (In years last birthday) 57	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk		10b. KIND OF BUSINESS OR INDUSTRY Talon Zipper Co.		11. BIRTHPLACE (City and State or Foreign Country) Wamego Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Joseph E. Teeter	13b. MOTHER'S MAIDEN NAME Ersa Barrett	14. NAME OF HUSBAND OR WIFE Iva L. Teeter
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	16. SOCIAL SECURITY NO. 514-14-1179	17. INFORMANT'S SIGNATURE OR NAME Iva L. Teeter	ADDRESS 503 W. 86th Terrace
--	---	---	---------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Posterior Coronary Intarction		DUPLICATE OF (b) arterio Sclerosis		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201

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) Kansas City - Jackson - Missouri
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY —	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 **8-29-**, 1952, to **10-19-**, 1953, that I last saw the deceased alive on **10-18**, 1953, and that death occurred at **1 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE James C. Walker (Degree or title) James C. Walker M.D.	23b. ADDRESS 1424 Profess Bldg KCMo	23c. DATE SIGNED 10-19-53
--	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-19-1953	24c. NAME OF CEMETERY OR CREMATORY —	24d. LOCATION (City, town, or county) (State) Wamego Kansas
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. 10-20-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE France-Wornall Funeral Home	ADDRESS —
---	---	--	---------------------

(Licensed Embalmer's Statement on Reverse Side)

K.C. MO

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

37809

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 Russell M. Fran

Licensed Embalmer No. 4255

P. O. Address K.C.M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.