

FILED NOV 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38544

State File No.

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 126

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>CLAY</u>	
b. CITY OR TOWN <u>EXCELSIOR SPRINGS</u>		c. CITY OR TOWN <u>EXCELSIOR SPRINGS, MO</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>936 WILLIAMS ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>936 WILLIAMS ST.</u>		d. STREET ADDRESS (If rural, give location) <u>936 WILLIAMS ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>RELLA</u>		b. (Middle) <u>MAY</u>	
		c. (Last) <u>TEEGARDEN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 20 1953</u>			
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>JULY 17, 1879</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>SAMUEL HIGHTOWER</u>		13b. MOTHER'S MAIDEN NAME <u>AGNES MONFORT</u>	
		14. NAME OF HUSBAND OR WIFE <u>JOBE TEEGARDEN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>JOBE TEEGARDEN</u> ADDRESS <u>936 WILLIAMS ST. EXCELSIOR SPRINGS, 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 Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: <u>Hypertension - arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death.	
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>7-14-1953</u> to <u>10-20-1953</u> , that I last saw the deceased alive on <u>10-19-1953</u> , and that death occurred at <u>4:12 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. M. Cricken</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Excelsior Springs Mo</u>	
		23c. DATE SIGNED <u>10-20-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-22-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>NEW NEW GARDEN</u>		24d. LOCATION (City, town, or county) (State) <u>RURAL, EXCELSIOR SPRINGS, MO.</u>	
DATE REC'D BY LOCAL REG. <u>10-22-53</u>		REGISTRAR'S SIGNATURE <u>Baroline Hutchings</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Richard</u> ADDRESS <u>Excelsior Springs Mo</u>	

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

(Licensed Embalmer's Statement 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 Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Euclid Springs, 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.