

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42216

87396  
FILED DEC 23 1953

State File No. ....

BIRTH NO. .... REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>	c. LENGTH OF STAY (In this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctor's Hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Shelia</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Teets</u>	Dec.	16,	1953
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Dec. 5, 1953</u>		9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Month <u>0</u> Days <u>11</u> IF UNDER 24 HOURS Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Poplar Bluff, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Lester Teets</u>	13b. MOTHER'S MAIDEN NAME <u>Lois Brown</u>	14. NAME OF HUSBAND OR WIFE -----
--	---	--------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lois Teets, Dexter, 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>Diarrhea type enteritis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Immaturity</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND 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) (Min.)	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 12-14, 1953, to 12-16, 1953, that I last saw the deceased alive on 12-16, 1953, and that death occurred at 6:10 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Arthur C. Parkers</u>	23b. ADDRESS <u>Poplar Bluff, Mo.</u>	23c. DATE SIGNED <u>12/16/53</u>
---	---------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-17-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dexter</u>	24d. LOCATION (City, town, or county) (State) <u>Dexter, Missouri</u>
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. <u>12/18/53</u>	REGISTRAR'S SIGNATURE <u>J. N. Muehle</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Strickland-Rainey Dexter, Mo.</u>
--	---	---

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

RECEIVED  
DEC 21 1953

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.