

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42535**

FILED JAN 4 - 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4444 Registrar's No. 12

0380

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

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Athens Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Athens Township 0380</u>	
c. LENGTH OF STAY (In this place) <u>2 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>3 Miles East Albany, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Miles East Albany, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rebecca</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Teel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 25 1953</u>
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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>April 1 1880</u>	9. AGE (In years) (Last birthday) <u>73</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	11. UNDER 18 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Gentry County, Missouri</u>	12. CITIZENSHIP OR WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Richard M. Harmon</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Jane Garr</u>	14. NAME OF HUSBAND OR WIFE <u>Ephriam Teel (Dec'd)</u>
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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>Orlen Teel, Albany, Missouri</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Labor Tremor</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS 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"/>
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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) <u>490X</u>
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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? _____
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22. I hereby certify that I attended the deceased from Dec 20, 1953, to Dec 25, 1953, that I last saw the deceased alive on Dec 25, 1953, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Doctor or title) <u>Charles H. Williamson M.D.</u>	23b. ADDRESS <u>Gentry, Mo</u>	23c. DATE SIGNED <u>12-28-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-27-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Creekmore Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gallatin, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec 28-53</u>	REGISTRAR'S SIGNATURE <u>Maudie Williams</u>	462	25. FUNERAL DIRECTOR'S SIGNATURE <u>L.O. Johnson</u>	ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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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 *L. O. Richardson*

Licensed Embalmer No. *3302*

P. O. Address *Tallatur, 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.