

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4156**
Registrar's No. **167**

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **4059**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neelyville		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 2mi. South of Harviell, Mo	
		d. STREET ADDRESS (If rural, give location) 0120	

3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) Charles c. (Last) Teague	4. DATE OF DEATH (Month) (Day) (Year) Feb 22 1954
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH 6/20/1952	9. AGE (In years last birthday) 1 Months 8 Days	IF UNDER 1 YEAR Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Butler Co Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Teague	13b. MOTHER'S MAIDEN NAME Dora Spearman	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME James Teague R#1 Harviell, MO. 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchitis Pneumonia		3-4 Days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pertussis		2 wk
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.		0501	

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)
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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 **2/22, 1954**, to **2/22, 1954**, that I last saw the deceased alive on **2/22, 1954**, and that death occurred at **1:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Arthur C. Parker M.D. (Degree or title)	23b. ADDRESS 9 Poplar Bluff, Mo.	23c. DATE SIGNED 2/24/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/25/54	24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove	24d. LOCATION (City, town, or county) (State) Butler Co., Missouri
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DATE REC'D BY LOCAL REG. 2/25/54	REGISTRAR'S SIGNATURE R.H. Wheeler	25. FUNERAL DIRECTOR'S SIGNATURE Gish Funeral Home Naylor, MO. ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 1 1954

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 *Dwight McCord* _____

Licensed Embalmer No. *4079* _____

P. O. Address *Waynesburg, 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.