S. No. 300
v. 10.48

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

FILED JUN 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21725

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 102

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall, Mo.
c. LENGTH OF STAY (In this place): 23 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 371 W. Summitt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall 0972
d. STREET ADDRESS (If rural, give location): 371 W. Summitt

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): Durwin
c. (Last): Teter

4. DATE OF DEATH (Month) (Day) (Year): June 25 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January-25-1872
9. AGE (In years last birthday): 82 — If under 1 year: Months 5, Days -, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer - on Own Farm
10b. KIND OF BUSINESS OR INDUSTRY: General Farm work
11. BIRTHPLACE (State or foreign country): Bloomington, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Teter
13b. MOTHER'S MAIDEN NAME: Anna Fredrickson
14. NAME OF HUSBAND OR WIFE: Mrs. Anna Teter

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.:
17. INFORMANT'S SIGNATURE OR NAME: John G. Teter — ADDRESS: St. Louis, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None known

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 25, 19 54, *to* June 25, 19 54, *that I last saw the deceased alive on* June 25, 19 54, *and that death occurred at* 6:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Roy M. Kennedy (Degree or title) M.D.
23b. ADDRESS: Marshall Mo
23c. DATE SIGNED: 6/26/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6/27/54
24c. NAME OF CEMETERY OR CREMATORY: Memorial Cemetery
24d. LOCATION (City, town, or county) (State): Paxton, Illinois

DATE REC'D BY LOCAL REG.: 6-26-54
REGISTRAR'S SIGNATURE: Sidney F. Fry
25. FUNERAL DIRECTOR'S SIGNATURE: J. Leslie Murray — ADDRESS: Marshall Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 8

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 J. Leslie Sweeney

Licensed Embalmer No. 2235

P. O. Address Marshall, 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.