S. No. 300
. 10.48

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26210

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5047 Registrar's No. 78

0050

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

1. PLACE OF DEATH
a. COUNTY: BARRY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - Jenkins Twp.
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): N. OF JENKINS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BARRY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL -Jenkins Twp.
d. STREET ADDRESS (If rural, give location): N. OF JENKINS

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3. NAME OF DECEASED (Type or Print)
a. (First): KATIE
b. (Middle):
c. (Last): TEAGUE

4. DATE OF DEATH (Month) (Day) (Year): Aug 16 1954

5. SEX: FEMALE 1
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: APR. 4, 1875
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): VERONA, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: JOHN F. THOMAS
13b. MOTHER'S MAIDEN NAME: MARTHA JANE THOMAS
14. NAME OF HUSBAND OR WIFE: JOHN TEAGUE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: MRS. ETHEL RAY — ADDRESS: JENKINS, 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): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerosis
DUE TO (c): Hypertensive Heart Dis — Yrs.

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: 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* 1941, *to* Aug. 16, 1954, *that I last saw the deceased alive on* Aug 10 1954 *and that death occurred at* 7:30 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. P. Copeth M.D.
23b. ADDRESS: Aurora, Mo.
23c. DATE SIGNED: 8-17-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-19-54
24c. NAME OF CEMETERY OR CREMATORY: LEANN CEMETERY
24d. LOCATION (City, town, or county) (State): LEANN, MISSOURI

DATE REC'D BY LOCAL REG.: Aug 23-1954
REGISTRAR'S SIGNATURE: Grace Williams 10-0
25. FUNERAL DIRECTOR'S SIGNATURE: WILLIAM WOOD FUNERAL HOME — ADDRESS: AURORA MO

(Licensed Embalmer's Statement on Reverse Side)

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 854-90

DATE REC. 8-28-54

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 James D. Crafton

Licensed Embalmer No. 4668

P. O. Address Aurora, 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.