

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

02
03

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

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> <u>6000</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Excelsior Springs</u>		c. CITY OR TOWN <u>Excelsior Spgs</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chevrolet Garage-413 K.C. Ave</u>		e. STREET ADDRESS (If rural, give location) <u>3 Miles S.W. Excelsior</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EUGENE</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>TEED</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 17 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 3 1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner & Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Teed Chev. Co.</u>	9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR: Months <u>2</u> Days <u>14</u> IF UNDER 4 HRS: Hours <u></u> Min. <u></u>
11a. BIRTHPLACE (City and State or Foreign Country) <u>Leavenworth Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William O. Teed</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie B. Brennan</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Cecyle Teed</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W.#1</u>		16. SOCIAL SECURITY NO. <u>497-36-7019</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Cecyle Teed-Rural-Excelsior Spgs</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>Myocardial Infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Preexisting coronary occlusion</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Oct 18, 1954</u>	
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)		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 <u>10-18-1954</u> , to <u>3-17-1955</u> , that I last saw the deceased alive on <u>3-16-1955</u> , and that death occurred at <u>9 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>George E. Sandline</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Excelsior Springs, Missouri</u>	
23c. DATE SIGNED <u>3-18-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/20/55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/20/55</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Fun'l Home</u>		ADDRESS <u>Excelsior Spgs</u>	

MAR 31 1953

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.....
Signature of Student Embalmer

Signed *James G. Moles*.....

Licensed Embalmer No. *32*

P. O. Address *Ex Spring*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.