

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **17647**

FILED JUL 6 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 300a Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>		
b. CITY OR TOWN <b>Mexico</b>		c. LENGTH OF STAY (in this place) <b>4 days</b>		c. CITY OR TOWN <b>Centralia</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain County Hospital</b>			STREET ADDRESS (If rural, give location) <b>R.F.D. 3</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Emma</b> c. (Last) <b>Teague</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 23 1955</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 7, 1901</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Monroe County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Ernest Mason Talley</b>		13b. MOTHER'S MAIDEN NAME <b>Snoda Belle Hanna</b>		14. NAME OF HUSBAND OR WIFE <b>Virgil Teague</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Virgil Teague</b> ADDRESS <b>Centralia, Mo. RFD</b>		
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* <b>Cirrhosis of the Liver - →</b> ANTECEDENT CAUSES <b>with a) Hemorrhage - esophageal varicosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DU TO (b) a) Liver failure &amp; convulsions</b> <b>DU TO (c)</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>5810</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3-28-50</b> <b>6-19-55</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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 <b>6-19</b> , 19 <b>55</b> , to <b>6-23</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>6-23</b> , 19 <b>55</b> , and that death occurred at <b>11:30</b> p. m., from the causes and on the date stated above.					
23a. SIGNATURE <b>L. J. O'Brien</b> (Degree or title) <b>Missouri</b>			23b. ADDRESS <b>Centralia, Mo.</b>		23c. DATE SIGNED <b>6-24-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-25-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>June 25 1955</b>	REGISTRAR'S SIGNATURE <b>Blanche Kelly</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Arnold Funeral Home</b> ADDRESS <b>Mexico, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

1956  
NOV 8 AM

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 *Rep Miller*.....  
Licensed Embalmer No. *H.H.*

P. O. Address *Mexico*.....

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.