

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35909

FILED DEC 6 1955

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>11</u>	PRIMARY REG. DIST. NO. <u>5045</u>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Wheaton</u>		c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Washburne Purdy Mo-R.F.D.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Wheaton</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u>		b. (Middle) <u>J</u>	c. (Last) <u>Teare</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23 - 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED/NEVER-MARRIED, WIDOWED/DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug - 1907</u>	9. AGE (In years last birthday) <u>48</u> <u>3</u> Months <u>3</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>domestic</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>OKla</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>B.F. Matheny</u>		13b. MOTHER'S MAIDEN NAME <u>Lovina Stultz</u>	14. NAME OF HUSBAND OR WIFE <u>Melvin C. Teare</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Melvin C. Teare</u> ADDRESS <u>Purdy Mo-R.F.D.</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>Pulmonary Infarct</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mural Thrombus</u> DUE TO (c) <u>Myocardial Infarction</u>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension 4201</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)		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>11/10/1955</u> , to <u>11/23/1955</u> , that I last saw the deceased alive on <u>11/23/1955</u> , and that death occurred at <u>12:30 Pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Randal N. Ochs, M.D.</u>		23b. ADDRESS <u>Wheaton, Mo.</u>		23c. DATE SIGNED <u>11/23/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov-25-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chutewood</u>	24d. LOCATION (City, town, or county) (State) <u>Barry Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-28-55</u>	REGISTRAR'S SIGNATURE <u>Mary McDonald dep</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McQueen Funeral Home</u> ADDRESS <u>Wheaton Mo</u>		

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1255-368

DATE REC. 12-5-55

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

Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.