

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45460**

BIRTH NO. _____		REG. DIST. NO. <b>310</b>		PRIMARY REG. DIST. NO. <b>3052</b>		Registrar's No. <b>296</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Charles</b>		c. LENGTH OF STAY (In this place) <b>1 Mont.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Silex</b> <sup>25<sup>0</sup></sup>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>Haines St.</b>			
3. NAME OF DECEASED (Type or Print) <b>Leonard</b>			a. (First) _____ b. (Middle) <b>Teague</b> c. (Last) _____			4. DATE OF DEATH <b>12-21-57</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>3-13-1870</b>	
9. AGE (In years last birthday) <b>87</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>9</b>		IF UNDER 24 HRS. Hours <b>9</b> Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Tobacco Store</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Lincoln County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>US</b>				13a. FATHER'S NAME <b>Jim Teague</b>		13b. MOTHER'S MAIDEN NAME <b>Phoebe LaRue</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>			
16. SOCIAL SECURITY NO. <b>+99-26-4567</b>				17. INFORMANT'S SIGNATURE OR NAME <b>Bob Casteel</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Bronchial Pneumonia</b>				19. MEDICAL CERTIFICATION I, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bleeding Diverticuli of Colon</b>				20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>491X</b>				20. AUTOPSY? <b>2</b> 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>November 26, 1957, December 21, 1957</b> , that I last saw the deceased alive on <b>December 21, 1957</b> , and that death occurred at <b>9:50 a. m.</b> , from the causes and on the date stated above.							
22a. SIGNATURE <b>Don L. Randall, M.D.</b>				22b. ADDRESS <b>307 N. 5th St. Charles, Mo.</b>		22c. DATE SIGNED <b>Dec. 21, 1957</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Dec. 23, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Auburn Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Auburn, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Dec 23-57</b>		REGISTRAR'S SIGNATURE <b>Margaret Wilson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. O. Mudd</b>		ADDRESS <b>Bowling Green, Mo.</b>	

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

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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 O. Mudd*

Licensed Embalmer No. *4152*

P. O. Address *Franklin Green No.*

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.