

FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005898

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 728

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57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Menorah Medical Center - 22 YEARS</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>5937 THE PASEO</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Verle</u> Middle <u>H.</u> Last <u>Teeter</u>			4. DATE OF DEATH Month <u>Feb'y</u> Day <u>8</u> Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-10-98</u>		9. AGE (In years last birthday) <u>60</u> 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) <u>OWNER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOTEL-LAPAYETTE Mo.</u>		11. BIRTHPLACE (City and state or country) <u>IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>EDWIN E. TEETER</u>		13b. MOTHER'S MAIDEN NAME <u>FRANKIE MALISSA</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. LUCIE TEETER</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>493-12-5228</u>		17. INFORMANT <u>MRS. LUCIE TEETER</u> Address <u>5937 THE PASEO KANSAS CITY, MISSOURI</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Organizing and acute myocardial infarction, extensive, left ventricle</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>older + recent occlusions, coronary arteries</u>		<u>4 weeks</u>
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.					

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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21. I attended the deceased from Jan 12, 1958 to Feb 8, 1958 and last saw him alive on Feb 8, 1958  
Death occurred at 9:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Jack W. Wray M.D.</u> (Degree or title)		22b. ADDRESS <u>409 E. 63 Kansas City, Mo.</u>	22c. DATE SIGNED <u>2/10/58</u>
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23a. BURIAL (CREMATION, REMOVAL (Specify)) <u>BURIAL</u>		23b. DATE <u>FEB 11 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
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24. FUNERAL DIRECTOR <u>DW. NEWCOMER'S SONS</u> ADDRESS <u>331 BRUSH CREEK KANSAS CITY, MISSOURI</u>		25. DATE RECD. BY LOCAL REG. <u>2-11-58</u>	26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION  
 Jack W. Wray M.D.

All diseases in Part I must be causally related.



STATE OF MISSOURI

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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 .....  
Signature of Student Embalmer

Signed *Chester K Brown* .....

Licensed Embalmer No. *4931* .....

P. O. Address *K.C.M.* .....

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.