

Health,
Welfare
Public
Service

STANDARD CERTIFICATE OF DEATH 17309-58

58-010809
STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 237 Primary Registration District No. 4353 Registrar's No. 5

300
-57

1. PLACE OF DEATH a. COUNTY NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GIDEON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PORTAGEVILLE 0720 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOPKINS CLINIC		Length of stay in 1b 13 HRS.	d. STREET ADDRESS (If outside, give location) ROUTE # 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MIDDLE Last EMMA LORENE TEDDER			4. DATE OF DEATH Month Day Year MARCH 21, 1958		
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5. SEX FEMALE /	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 20, 1958	9. AGE (In years last birthday) 13	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min. 13 24
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) GIDEON, MISSOURI 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME ARTHUR MONROE TEDDER	13b. MOTHER'S MAIDEN NAME EMMA LORENE STOVALL	14. NAME OF HUSBAND OR WIFE -----
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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)	16. SOCIAL SECURITY NO. -----	17. INFORMANT MRS. ARTHUR TEDDER Address PORTAGEVILLE, MO.
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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>atelectasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>13 hrs 24 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ 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 type="checkbox"/> NO <input checked="" 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.) 0
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20c. TIME OF INJURY Hour Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT <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 GIDEON, MO	COUNTY	STATE
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21. I attended the deceased from <u>3-20-58</u> to <u>3-21-58</u> and last saw ^{her} alive on <u>3-21-58</u> Death occurred at <u>10:40 p.m. 3-21-58</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Type of title) M.D.	22b. ADDRESS GIDEON, MO	22c. DATE SIGNED 3/27/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MARCH 21, 1958	23c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE CEMETERY	23d. LOCATION (City, town, or county) PORTAGEVILLE, MISSOURI
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24. FUNERAL DIRECTOR DELISLE FUNERAL PARLOR PORTAGEVILLE, MO. 3-21-58	25. DATE RECD. BY LOCAL REG. -----	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature. All diseases in Part I must be causally related.

DATE RECEIVED MAR 31 1958

NEW MADRID CO. HEALTH CENTER

P. J. S.

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

Handwritten signature of Student Embalmer

Handwritten signature of Licensed Embalmer

Signed

Licensed Embalmer No.

P. O. Address

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.