

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033038

STATE FILE NUMBER

FILED OCT 15 1958

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 4594

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Merriam</b> <i>81508</i>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>512 Woodland</b>		Length of stay in lb <b>2 years</b>	d. STREET ADDRESS (If outside, give location) <b>9012 West 60 Terr.</b>
3. NAME OF DECEASED (Type or print) First <b>Lola</b> Middle <b>B.</b> Last <b>Teufler</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>27</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 8, 1898</b>
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>Home</b>	9. AGE (In years last birthday) <b>60</b>
11. BIRTHPLACE (City and state or country) <b>Marceline, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William F. McCollum</b>		13b. MOTHER'S MAIDEN NAME <b>Ella N. Washam</b>	14. NAME OF HUSBAND OR WIFE <b>Roy M. Teufler</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-16-6636</b>	17. INFORMANT <b>Roy Teufler (Husband)</b> Address <b>9012 W. 60 Terr. Merriam, Ks.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Transition dehydration (cachexia)</b>			<b>6 months</b>
DUE TO (c) <b>Multiple Sclerosis</b>			<b>8-9 yrs.</b>
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Jan. 1956</b> to <b>Sept 27-58</b> and last saw her alive on <b>August 7, 1958</b> Death occurred at <b>4:00 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Dwight J. Gooding</b> (Degree or title)		22b. ADDRESS <b>5832 Reeds Rd Merriam, Mo</b>	22c. DATE SIGNED <b>9/29/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>Burial</b>	<b>Sept. 30, 58</b>	<b>Maple Hill Cemetery</b>	<b>Kansas City, Kansas</b>
24. FUNERAL DIRECTOR <b>Simmons Funeral Home</b>		ADDRESS <b>1404 S. 37</b>	25. DATE RECD. BY LOCAL REG. <b>9-29-58</b>
		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	

Decay, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Wendell L. Good



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 Donald H. Simmons, Student Embalmer No. 562 working under my personal supervision.

Student Donald H. Simmons Signed H. Simmons  
Signature of Student Embalmer

Licensed Embalmer No. 3903  
P. O. Address NEX

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.