

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013578

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 1711
 FILED APR 20 1959 Registrar's No. 1711

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mission 81508 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) St. Lukes Hospital		Length of stay in 1b 11 days	d. STREET ADDRESS (If outside, give location) 5928 Maple Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HARRY Middle S. Last TEEPLE			4. DATE OF DEATH Month April Day 1 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 30, 1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Real Estate Broker & Home Bldr.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 59
11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William L. Teeple		13b. MOTHER'S MAIDEN NAME Clara Moore	14. NAME OF HUSBAND OR WIFE Mary E. Teeple
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 293-07-1053	17. INFORMANT Address Mrs. Mary E. Teeple 5928 Maple St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Right Ventricular Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cor Pulmonale DUE TO (c) Emphysema			MISSING INTERVAL BETWEEN ONSET AND DEATH Immediate
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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>			
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 Kansas City, Jackson, Mo.	
21. I attended the deceased from May 27, 1950 to April 1, 1959 and last saw her alive on April 1, 1959 . Death occurred at 9:05 on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) Richard L. Lehner, M.D.		22b. ADDRESS 1103 Grand Kansas City, Mo.	22c. DATE SIGNED 4/1/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 3, 1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS Freeman Mortuary Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 4-3-59	26. REGISTRAR'S SIGNATURE Neve Marshall

Health, Welfare, Public Service
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MEDICAL CERTIFICATION
Richard L. Lehner USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

VI 2-3998
after 10. m. - 5. m.

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 *Clayton A. Barnes*

Licensed Embalmer No. *4793*
P. O. Address *F. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.