

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031848

REGISTRATION DISTRICT NO. 82

Primary Registration District No. 5308 Registrar's No. 142

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Blackwater Twp. Length of stay in 1b		c. CITY OR TOWN Independence Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION On Highway 40		d. STREET ADDRESS (If outside, give location) ?? Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First DAVE Middle TEEGARDEN Last			4. DATE OF DEATH Month 10 Day 2 Year 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9/11/05	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Chevrolet Plant		11. BIRTHPLACE (City and state or country) ??		12. CITIZEN OF WHAT COUNTRY USA.
13a. FATHER'S NAME Hustin Teegarden.		13b. MOTHER'S MAIDEN NAME Ida Rogers		14. NAME OF HUSBAND OR WIFE ??		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)			16. SOCIAL SECURITY NO. 489-22-7998	17. INFORMANT Sister + records Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed skull + brain		INTERVAL BETWEEN ONSET AND DEATH Days
Conditions, if any, which gave rise to above cause (s), stating the underlying cause last. DUE TO (b) Violence		
DUE TO (c) Auto wreck.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple fractures ribs - arms & leg		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20. ACCIDENT <input checked="" 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.) Auto wreck	
20c. TIME OF INJURY Hour 7:30 p.m. Month, Day, Year 10 2 59			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 40	20f. CITY, TOWN, OR LOCATION Blackwater Twp Cooper Mo	COUNTY Cooper STATE Mo
21. I attended the deceased from no attendance and last saw her him alive on about 7:30 P on the date stated above, and to the best of my knowledge, from the causes stated.			

22. SIGNATURE (Degree or title) M. Dickman M.D.		22b. ADDRESS Boonville Mo		22c. DATE SIGNED 10/2/59
23. BURIAL, CREMATION, REMOVAL (Specify) Removal Oct 5-1959	23b. DATE	23c. NAME OF CEMETERY, OR CREMATORY Union	23d. LOCATION (City, town, or county) Lawson Mo. (State)	
24. FUNERAL DIRECTOR Goodman & Holley ADDRESS Boonville Mo		25. DATE RECD. BY LOCAL REG. 10/2/59	26. REGISTRAR'S SIGNATURE D. Hooper	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 18 1959

OCT 21 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm Wood

Licensed Embalmer No. 4539

P. O. Address. Boonville

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.