URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 26 1959

59–035313
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1056

ENDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b: 50 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2015 Lafayette St. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2015 Lafayette — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GEORGE Middle EDWARD Last TEUTSCH
4. DATE OF DEATH: Month Oct. Day 15 Year 1959
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: June 6, 1872
9. AGE (last birthday): 87 — IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Mattress Maker
10b. KIND OF BUSINESS OR INDUSTRY: Matress Company
11. BIRTHPLACE (City and state or country): Butler, Indiana
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Geroge Teutsch
13b. MOTHER'S MAIDEN NAME: Priscilla Moore
14. NAME OF HUSBAND OR WIFE: Eva Jane Teutsch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: 491-09-6632
17. INFORMANT: Mrs. Eva J. Teutsch, 2015 Lafayette, Address St. Joseph, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis, etiology unknown — INTERVAL BETWEEN ONSET AND DEATH: 6 mo
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 1, 59 to Oct 15, 59 and last saw him alive on Oct 15, 59
Death occurred at 9:30a. m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF R. L. MAGINN, M.D.

22a. SIGNATURE Richard L. Maginn (Degree or title) MD
22b. ADDRESS Frost Drug Bldg 216, St. Joseph Mo
22c. DATE SIGNED 10-16-59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 10/17/1959
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) St. Joseph (State) Mo.

24. FUNERAL DIRECTOR: Heaton-Bowman ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Oct. 23, 1959
26. REGISTRAR'S SIGNATURE: Miss Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

Ida Magum

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Eugene Wood

Signature of Student Embalmer

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, Sly

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.