

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036449

FILED VS OCT 16 1959 149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. _____

4806

STATE FILE NUMBER.

UNRECORDED

1. PLACE OF DEATH a. COUNTY JACKSON				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) TOWN KANSAS CITY		Length of stay in 1b. 13 Yrs		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Box 5921		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED First Middle Last WORTHY ROSCOE TEAGARDEN				4. DATE OF DEATH Month Day Year OCTOBER 4 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 3-28-33		9. AGE (last birthday) 26		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker			10b. KIND OF BUSINESS OR INDUSTRY Automobile		11. BIRTHPLACE (City and state or country) Pleasanton, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Tommie J. Teagarden				13b. MOTHER'S MAIDEN NAME Doris Ann Johnson				14. NAME OF HUSBAND OR WIFE Wanda J. Teagarden			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 1-30-51 to 1-30-54				16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Official Records, VA Hospital, K.C., Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Thrombosis, inferior vena cava											
DUE TO (b) Massive metastases to liver											
DUE TO (c) Carcinoma, recto-sigmoid											
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.		Month, Day, Year									
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	
21. I attended the deceased from 9-12-59 to 10-4-59 and last day he lived on 10-4-59 Death occurred at 10:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) J. A. Turner, M.D.				22b. ADDRESS VA Hospital, Kansas City, Mo.				22c. DATE SIGNED 10-5-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-5-59		23c. NAME OF CEMETERY OR CREMATORY Pleasanton, Ks. Cemetery		23d. LOCATION (City, town, or county) (State) Pleasanton-Kansas					
24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo.				25. DATE RECD. BY LOCAL REG. 10-5-59		26. REGISTRAR'S SIGNATURE <i>new minshall</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 20 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student 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.