# URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 1 9 1959

**59–039509**
STATE FILE NUMBER

MENDED

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 83

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Dent | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Dent |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem — Length of stay in 1b: 8 yrs | c. CITY OR TOWN Salem — Inside Limits: Yes ☒ No ☐ |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hart Clinic — Inside Limits: Yes ☒ No ☐ | d. STREET ADDRESS (If outside, give location) Henderson st — Reside on Farm: Yes ☐ No ☐ |

| | | | | | | |
|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First: Elva Middle: O Last: Teague | | | | 4. DATE OF DEATH Month: Nov Day: 10 Year: 1959 | | |
| 5. SEX: male | 6. COLOR OR RACE: white | 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ | 8. DATE OF BIRTH: 11-9-76 | 9. AGE (last birthday): 83 | 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): blacksmith | 10b. KIND OF BUSINESS OR INDUSTRY: general | | 11. BIRTHPLACE (City and state or country): Dent Co Missouri | | 12. CITIZEN OF WHAT COUNTRY: U S A | |
| 13a. FATHER'S NAME: Wiley J Teague | 13b. MOTHER'S MAIDEN NAME: Cynthia Leonard | | 14. NAME OF HUSBAND OR WIFE: Rosa Eaton Dillard | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): x | 16. SOCIAL SECURITY NO.: 489 05 6780 | | 17. INFORMANT: Mrs Tom Lands — Address: Salem 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) Coronary occlusion (recurrent) — INTERVAL BETWEEN ONSET AND DEATH: 2 days

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 5/21/1949 to 11/9/59 and last saw ~~him~~ alive on 11/9/59
Death occurred at 5:18 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Martin M. Hart M.D. (Degree or title) — 22b. ADDRESS Salem, Missouri — 22c. DATE SIGNED 11/12/59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial — 23b. DATE: Nov 12 1959 — 23c. NAME OF CEMETERY OR CREMATORY: Stonehill Ce. — 23d. LOCATION (City, town, or county) (State): Dent County Missouri

24. FUNERAL DIRECTOR: Spencer Funeral Home Inc — ADDRESS
25. DATE RECD. BY LOCAL REG.: 11/11/59
26. REGISTRAR'S SIGNATURE: M. M. Hart, M. D. by ahc

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 237

P. O. Address_____

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