

FEDERAL BUREAU OF INVESTIGATION  
 U.S. DEPARTMENT OF JUSTICE  
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**59-039593**

FILED VS DEC 7 1959

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STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Gasconade</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Owensville</u> Length of stay in 1b <u>3 months</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Church</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> c. CITY OR TOWN <u>Owensville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>106 W. Washington</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>BENJAMIN FRANKLIN TEAGUE</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>Nov. 25, 1959</u>				
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>7-16-1887</u>	<b>9. AGE (last birthday)</b> <u>72</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Minister</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Ministerial Work</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Winona, Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>		
<b>13a. FATHER'S NAME</b> <u>Abraham Teague</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah Moore</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Christel Ware Teague</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>496-38-7619</u>	<b>17. INFORMANT</b> Address <u>Mrs. Christel Teague Owensville, Mo.</u>				
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>		
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			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b> <b>STATE</b>			
<b>21. I attended the deceased from</b> <u>11-25-59</u> to <u>11-25-59</u> and last saw him alive on <u>11-25-59</u> Death occurred at <u>9:30 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>Paula's Brannel, MD.</u>			<b>22b. ADDRESS</b> <u>Owensville, Mo.</u>		<b>22c. DATE SIGNED</b> <u>11-27-59</u>		
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>	<b>23b. DATE</b> <u>11-27-1959</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Ozark Memorial Gardens Rolla, Mo.</u>		<b>23d. LOCATION</b> (City, town, or county) (State)			
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Gottenstroeter Funeral Home Owensville</u> <u>Melford H H Winter</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>November 27, 1959</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Mrs. Marvin Juppmyer</u>			

DOCUMENT

MEDICAL CERTIFICATION

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 me

or by me, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wesford H H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.