

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## =60-020058

FILED VS. MAY 16 1960

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 88

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Macon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Macon</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Macon</b>			Length of stay in 1b <b>4 Yrs.</b>		c. CITY OR TOWN <b>Macon</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>601 Compton St.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>601 Compton St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Hubert Teter</b>				First Middle Last		4. DATE OF DEATH Month Day Year <b>April 28, 1960</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11/17/1879</b>	
				9. AGE (last birthday) <b>80</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>no</b>		11. BIRTHPLACE (City and state or country) <b>Macon County Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>J. C. Teter</b>			13b. MOTHER'S MAIDEN NAME <b>Eliza Stone</b>			14. NAME OF HUSBAND OR WIFE <b>Edna Teter</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT Address <b>Mrs. Edna Teter Macon,</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Metastatic carcinoma</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Primary carcinoma of prostate gland</b>							<b>5 yrs.</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) <b>This patient was seen for another physician during his terminal period</b>						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 type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		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 <b>4-26-60</b> to <b>4-28-60</b> and last saw <sup>her</sup> him alive on <b>April 28, 1960</b> Death occurred at <b>2:10 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Hubert E. Dusseldorf</b> (Degree or title)				22b. ADDRESS <b>Macon, Missouri</b>		22c. DATE SIGNED <b>4-30-60</b> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 1, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Union Cemetery</b>		23d. LOCATION (City, town, or county) <b>Callao, Missouri</b> (State)	
24. GENERAL DIRECTOR <b>Lester Hutton</b> ADDRESS <b>Macon, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>5/7/60</b>		26. REGISTRAR'S SIGNATURE <b>Paul Weeely</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 2 T XHW SA  
MAY 17 1960

**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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Snacow

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