URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-025017

FILED VS JUL 12 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6657 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 1 day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Jewish Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Pike
c. CITY OR TOWN Eolia, Missouri — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): None — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Ruth Middle May Last Teague
4. DATE OF DEATH: Month June Day 24 Year 1960
5. SEX: FeMale
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 4/7/1904
9. AGE (last birthday): 56 — 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): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Retail Grocery
11. BIRTHPLACE (City and state or country): Paynesville, Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Claude Patterson
13b. MOTHER'S MAIDEN NAME: Bessie Hume
14. NAME OF HUSBAND OR WIFE: John Teague
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.: 492-24-0454
17. INFORMANT: John Teague Address: Eolia, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Emboli to lungs — INTERVAL BETWEEN ONSET AND DEATH: Seven
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Venous thrombosis of leg — years
DUE TO (c): 466x

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 [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] 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 8-23-59 to 6-24-60 and last saw her/him alive on 6-23-60
Death occurred at 5:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Ralph H. Hayden D.O.
22b. ADDRESS: 1 [illegible] By Bowling Green, Mo
22c. DATE SIGNED: 6/11/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6/24/60
23c. NAME OF CEMETERY OR CREMATORY: Eolia Cemetery
23d. LOCATION (City, town, or county) (State): Eolia Missouri

24. FUNERAL DIRECTOR ADDRESS: Butler-Pritchett Bowling Green, Mo
25. DATE RECD. BY LOCAL REG.: JUL 1 1960
26. REGISTRAR'S SIGNATURE: Carl Smith, M.D. MJB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUL 13 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_____

Licensed Embalmer No. 444

P. O. Address_____

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