

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045238

FILED VS DEC 27 1960 42

1000

1307

STATE FILE NUMBER

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

DED

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in lb Most of life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If outside, give location) 2424 S. 18th St.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Eliza Middle Teegarden Last Teegarden			4. DATE OF DEATH Month December Day 12 Year 1960		
5. SEX Female	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 June 11, 1888	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Platte Co., Missouri.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Samuel Marsh		13b. MOTHER'S MAIDEN NAME Elizabeth Deatheridge		14. NAME OF HUSBAND OR WIFE Geo. B. Teegarden	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT Mr. George B. Teegarden	Address St. Joseph, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure, acute		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
DUE TO (b) Intestinal obstruction, complete		Several days
DUE TO (c) Recurrent Adenocarcinoma of Colon		approx 18 mo
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ 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 **10-18-60** to **12-12-60** and last saw her ^{her} alive on **12-12-60**
Death occurred at **5:30 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm. B. Roach, M.D.	22b. ADDRESS 316 No. 16th St. Joseph Mo	22c. DATE SIGNED 12-15-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 14, 1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery
24. FUNERAL DIRECTOR ADDRESS Melerhoffer-Fleeman, Inc., St. Joseph, Mo.		23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.

25. DATE RECD. BY LOCAL REG. Dec. 20, 1960	26. REGISTRAR'S SIGNATURE Wm. Clark Stoddell
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Wm. B. Roach, M.D.

DEC 28 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 Albert E. Harrison

Licensed Embalmer No. 4258

P. O. Address H. J. ...

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