

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006033

STATE FILE NUMBER

Registration District No. 264 Primary Registration District No. _____ Registrar's No. 11

AMENDED

FILED VS FEB 20 1961

1. PLACE OF DEATH
 a. COUNTY Ozark
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bridges Twp Length of stay in 1b 16 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Ozark
 c. CITY OR TOWN Gainesville Mo. Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Bridges Twp Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
OTTO Christian Tevebaugh
 4. DATE OF DEATH Month Day Year
2-12-61

5. SEX M 6. COLOR OR RACE W 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH 1-31-1901 9. AGE (last birthday) 60

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Feed Store Owner 10b. KIND OF BUSINESS OR INDUSTRY OWN 11. BIRTHPLACE (City and state or country) MT. Home Ark. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Howard Tevebaugh 13b. MOTHER'S MAIDEN NAME ETTA Hammack 14. NAME OF HUSBAND OR WIFE Elizabeth Tevebaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address Mrs. OTTO Tevebaugh Gainesville

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 infarction
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) coronary artery occlusion
 DUE TO (c) arteriosclerotic heart disease INTERVAL BETWEEN ONSET AND DEATH immediate
1 yr-

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 4-4-60 to 2-12-61 and last saw ^{her} _(him) live on 2-11-61
 Death occurred at 7:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Arthur L. Beard MD 22b. ADDRESS Gainesville, Mo. 22c. DATE SIGNED 2-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-14-61 23c. NAME OF CEMETERY OR CREMATORY Hilly Ridge 23d. LOCATION (City, town, or county) (State) Ozark Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Clinkingbeard Gainesville 25. DATE RECD. BY LOCAL REG. 2-18-61 26. REGISTRAR'S SIGNATURE Thana Madson

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John R. Urey

Licensed Embalmer No. 4885

P. O. Address Gainesville, TX

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.