

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014025

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1707 STATE FILE NUMBER

FILED APR 26 1961

1. PLACE OF DEATH
 a. COUNTY JACKSON
 b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City Length of stay 3 wks
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hosp. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
 a. STATE Mo b. COUNTY Jackson
 c. CITY OR TOWN Independence Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 141 S. Home Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Dell Teller

4. DATE OF DEATH Month Day Year
April 4 1961

5. SEX Female 6. COLOR OF RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 7-16-1883 9. AGE (last Birthday) 77 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Domestic 11. BIRTHPLACE (City and state or country) De Witt, Mo 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Walter Sampson 13b. MOTHER'S MAIDEN NAME UNKNOWN JONES 14. NAME OF HUSBAND OR WIFE Willard Teller-decd.

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 Mrs. John Loewer, 141 So. Home, Indep Mo Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH 6 days
 DUE TO (b) Hypertensive + arteriosclerotic heart disease 15 yrs
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 3-17-61 to 4-4-61 and last saw her alive on 4-4-61
 Death occurred at 1:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles E. Kendall MD 22b. ADDRESS 10901 Winnie Rd Indep. Mo 22c. DATE SIGNED 4-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 4-6-61 23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery 23d. LOCATION (City, town, or county) (State) INDEPENDENCE, MISSOURI

24. FUNERAL DIRECTOR ADDRESS GRO. C. Carson & Sons, Independence, Mo. 25. DATE RECD. BY LOCAL REG. 4-6-61 26. REGISTRAR'S SIGNATURE Ruth Long

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 Chas. A. Kendall
 ITEM NO. SHOULD READ

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 *Rennett Sattman*

Licensed Embalmer No. 4697

P. O. Address Indy Mo.

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.