

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020344
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 75

AMENDED

FILED JUN 23 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Bates		a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		c. CITY OR TOWN Butler	
Length of stay in 1b One Week		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Bates Co. Mem. Hosp.		d. STREET ADDRESS (If outside, give location) Spruce Township.	
3. NAME OF DECEASED (Type or print) First Clarence Middle Abbott Last Teeter		4. DATE OF DEATH Month June Day 12 Year 1961	
5. SEX Male	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 3-8-76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Bates Co. Missouri
13a. FATHER'S NAME Darus Teeter		13b. MOTHER'S MAIDEN NAME Emma Abbott	14. NAME OF HUSBAND OR WIFE Eunice Teeter
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.	17. INFORMANT Mrs. Eunice Teeter, Butler, Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH CAUSED BY IMMEDIATE CAUSE (a) Generalized Bacteremia of Gram Negative Bacteria of Throat		INTERVAL BETWEEN ONSET AND DEATH 4 yrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cronary Arteriosclerosis		DUE TO (c) Myocardial Infarction	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not refer to the terminal disease condition given in PART I) General Debility		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 <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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		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 Butler, Mo COUNTY Bates STATE Missouri	
21. I attended the deceased from June 5, 1961 to June 17, 1961 and last saw him alive on June 17, 1961		Death occurred at 2:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Clarence H. Teeter M.D. (Degree or title)		22b. ADDRESS Butler, Mo	
22c. DATE SIGNED 6/15/61 (State)		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6-14-61.		23c. NAME OF CEMETERY OR CREMATORY Cloud Cemetery	
23d. LOCATION (City, town, or county) Near Ballard, Mo.		24. FUNERAL DIRECTOR Six Funeral Service, Adrian, Mo. ADDRESS	
25. DATE RECD. BY LOCAL REG. June 19-1961		26. REGISTRAR'S SIGNATURE Kendall K. ...	

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 _____ 

Licensed Embalmer No. 3650

P. O. Address Adrian, 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.