

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-022178

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 292 Primary Registration District No. 3055 Registrar's No. 73

STATE FILE NUMBER

FILED JUN 28 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bolivar</u>		Length of stay in lb <u>58 yrs.</u>	c. CITY OR TOWN <u>Bolivar</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>905 S. Clark</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Roy</u> Middle <u>Earl</u> Last <u>Teters, Sr.</u>			4. DATE OF DEATH Month <u>June</u> Day <u>21</u> Year <u>1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/19/1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nursery & Floral Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nursery & Floral Co.</u>	9. AGE (last birthday) <u>72</u>
11a. FATHER'S NAME <u>Henry C. Teters</u>		11b. MOTHER'S MAIDEN NAME <u>Lovia Stricher</u>	11. BIRTHPLACE (City and state or country) <u>Dade County, Mo.</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. NAME OF HUSBAND OR WIFE <u>Mabel Teters</u>		14. SOCIAL SECURITY NO. <u>100-10-40000</u>	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
DUE TO (b) <u>Fracture hip</u>		<u>4 weeks</u>	
DUE TO (c) <u>Cerebral Apoplexy</u>		<u>2 mo</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) <u>Generalized arteriosclerosis</u>		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 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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>May 1 1961</u> to <u>Jun 23 61</u> and last saw her/him alive on <u>6/21/61</u> Death occurred at <u>10:25 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>D C McEraw</u>		22b. ADDRESS <u>Bolivar Mo</u>	22c. DATE SIGNED <u>6/22/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/24/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Bolivar Missouri</u>
24. FUNERAL DIRECTOR <u>Paul D. Butts</u> ADDRESS <u>Bolivar, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>June 22, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jayell Gordon</u>

1961 9 7 00

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 Paul D. Butler

Licensed Embalmer No. 4471

P. O. Address Bolivar, 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.