

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-015867

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 72

FILED APR 25 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0551

2 1040

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY Lawrence | | a. STATE Missouri COUNTY Stone | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora | | Length of stay in 1b 7 days | c. CITY OR TOWN Galena |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Community | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) R#1 |
| 3. NAME OF DECEASED (Type or print) | | 4. DATE OF DEATH | 5. AGE (last birthday) |
| First Walter Middle Edward Last Teten | | Month April Day 19 Year 1962 | 61 |
| 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 2/21/1901 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Scottsville Kansas |
| 13a. FATHER'S NAME Herman Teten | | 13b. MOTHER'S MAIDEN NAME Bertha Shook | 14. NAME OF HUSBAND OR WIFE Bessie Teten |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Bessie Teten Galena, Mo |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Myocardial Infarction | | | 6 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | |
| DUE TO (b) | | | |
| DUE TO (c) | | | |
| 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 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 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 | COUNTY STATE |
| 21. I attended the deceased from <u>4/13/62</u> to _____ and last saw him alive on <u>4/19/62</u> Death occurred at <u>7:33 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>A. P. [Signature] M.D.</i> | | 22b. ADDRESS Crane, Missouri | 22c. DATE SIGNED 4/20/62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 4/19/62 | 23c. NAME OF CEMETERY OR CREMATORY Nolan | 23d. LOCATION (City, town, or county) (State) Stone County, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Manlove Funeral Home Crane, Mo | | 25. DATE RECD. BY LOCAL REG. 4-21-62 | 26. REGISTRAR'S SIGNATURE <i>George Langley</i> <i>Per L. Phillips</i> |

USE BLACK INK OR TYPEWRITER RIBBON

