

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 67

-62-016160

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED MAY 14 1962</b>			
<p><b>1. PLACE OF DEATH</b></p> <p>a. COUNTY <b>Newton</b></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Neosho</b> Length of stay in 1b <b>1 day</b></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sales Memorial</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>Missouri</b> COUNTY <b>Newton</b></p> <p>c. CITY OR TOWN <b>Granby</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <b>None</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p><b>3. NAME OF DECEASED</b> First <b>Rita</b> Middle <b>Kay</b> Last <b>Teel</b></p>			
<p><b>4. DATE OF DEATH</b> Month <b>May</b> Day <b>7</b> Year <b>1962</b></p>			
<p><b>5. SEX</b> <b>Female</b></p>	<p><b>6. COLOR OR RACE</b> <b>White</b></p>	<p><b>7. Married</b> <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p><b>8. DATE OF BIRTH</b> <b>5-6-1962</b></p>
<p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Infant</b></p>		<p><b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Infant</b></p>	
<p><b>11. BIRTHPLACE</b> (City and state or country) <b>Neosho, Missouri</b></p>		<p><b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b></p>	
<p><b>13a. FATHER'S NAME</b> <b>Stephen Teel</b></p>		<p><b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Lou Holley</b></p>	
<p><b>14. NAME OF HUSBAND OR WIFE</b> <b>None</b></p>		<p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b></p>	
<p><b>16. SOCIAL SECURITY NO.</b> <b>None</b></p>		<p><b>17. INFORMANT</b> Address <b>Stephen Teel Granby, Missouri</b></p>	
<p><b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <b>Congenital Heart Dis.</b></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p>			<p>INTERVAL BETWEEN ONSET AND DEATH _____</p>
<p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/></p>		<p><b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p><b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____</p>			
<p><b>20c. TIME OF INJURY</b> Hour _____ Month, Day, Year _____</p>			
<p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p><b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>	
<p><b>20f. CITY, TOWN, OR LOCATION</b> _____</p>		<p>COUNTY _____ STATE _____</p>	
<p><b>21. I attended the deceased from</b> <u>May 6, 1962</u> to <u>May 7, 62</u> and last saw her/him alive on <u>May 7, 1962</u> Death occurred at _____ <u>6:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p><b>22. SIGNATURE</b> (Degree or title) <i>[Signature]</i></p>		<p><b>22b. ADDRESS</b> <b>Neosho, Missouri</b></p>	
<p><b>22c. DATE SIGNED</b> <b>5-8-62</b></p>		<p><b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b></p>	
<p><b>23b. DATE</b> <b>5-9-1962</b></p>		<p><b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Greenwood Cemetery</b></p>	
<p><b>23d. LOCATION</b> (City, town, or county) (State) <b>Granby, Missouri</b></p>		<p><b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Shewmake Funeral Home Granby, Mo.</b></p>	
<p><b>25. DATE RECD. BY LOCAL REG.</b> <b>5-8-62</b></p>		<p><b>26. REGISTRAR'S SIGNATURE</b> <i>[Signature]</i></p>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

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 Floyd E. Skumbed.

Licensed Embalmer No. 4923

P.O. Address Box 218 Granby, 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.