

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023887

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 49-62

STATE FILE NUMBER

FILED JUL 11 1962

VS 300
Rev. 4/59

1 2600
2 2600
3 1
4 1
5 2
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7 1
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9 199.2
10
11
12 90-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elkhorn		Length of stay in 1b 4 yrs	c. CITY OR TOWN Rural
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rocky Comfort, R#1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rocky Comfort R#1
3. NAME OF DECEASED (Type or print) First Lula Middle Mae Last Cook			4. DATE OF DEATH Month July Day 3 Year 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/22/1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Clenton, Ark.
13a. FATHER'S NAME John Henry Teague		13b. MOTHER'S MAIDEN NAME Nancy Anderson	12. CITIZEN OF WHAT COUNTRY USA
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 William L. Cook Rocky Comfort, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Carcinoma of the breast			INTERVAL BETWEEN ONSET AND DEATH
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 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>Jan. 1962</u> to <u>July 3, 1962</u> and last saw her <u>alive</u> on <u>6-3-62</u> . Death occurred at <u>8:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>F.F. Whitehead MD</i>		22b. ADDRESS <i>Nebo Mo.</i>	22c. DATE SIGNED <i>7-4-62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-5-1962	23c. NAME OF CEMETERY OR CREMATORY Saunders Cem.	23d. LOCATION (City, town, or county) (State) Batavia, Arkansas
24. FUNERAL DIRECTOR ADDRESS <i>W. Morris Pope Wheaton Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>July 4, 1962</i>	26. REGISTRAR'S SIGNATURE <i>Mary G. Bradley</i>

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued July 4, 1962

Name of Deceased: John Henry Tedone
 Date of Death: July 3, 1962
 Place of Death: St. Joseph's Hospital, Chicago, Ill.
 Name of Physician: Dr. J. J. ...
 Name of Undertaker: William I. Cook
 Address of Undertaker: ...
 Name of Embalmer: William I. Cook
 Address of Embalmer: ...

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 Wm. Maris Pope

Licensed Embalmer No. 5442

P. O. Address Whetstone, 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.