MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-026870
STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 60

FILED AUG 14 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0450
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Howard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fayette
Length of stay in 1b: 40 yr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Rout 2 Park St.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Howard
c. CITY OR TOWN: Fayette
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Rout 2 Park St.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: JESSIE Middle: ADAM Last: TEVERBOUGH
4. DATE OF DEATH: Month: Aug. Day: 8 Year: 1962
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: June 29 1883
9. AGE (last birthday): 79 yr.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurseryman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Stanford, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Jacob Teverbough
13b. MOTHER'S MAIDEN NAME: Amelia Cowler
14. NAME OF HUSBAND OR WIFE: Livonia Teverbough
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lagora Sandera, Gary, Indiana

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremic Coma — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Nephritis — 1 yr.
DUE TO (c): Chr. Prostatic Hypertrophy & Sys
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 8-6-62, to 8-8-62 and last saw her/him alive on 8-8-62
Death occurred at 4 pm m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Eva Bloom (Degree or title) M.D.
22b. ADDRESS: Fayette Mo
22c. DATE SIGNED: 8-9-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Buried
23b. DATE: Aug. 13, 1962
23c. NAME OF CEMETERY OR CREMATORY: Fayette Cemetery
23d. LOCATION (City, town, or county): Fayette (State): Mo.
24. FUNERAL DIRECTOR: Mrs Stuart Parker ADDRESS: Columbia Mo.
25. DATE RECD. BY LOCAL REG.: 8-9-62
26. REGISTRAR'S SIGNATURE: Katherine Welch

(Licensed Embalmer's Statement on Reverse Side)

SEP 5 1962

Permit issued 8-9-62

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 Holwell T. May, Student Embalmer No. 667 working under my personal supervision.

Student Holwell T. May
Signature of Student Embalmer

Signed George R. Trammell

Licensed Embalmer No. 4425

P.O. Address Columbia, 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.