FILED OCT 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29933

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 882

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Burge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY GREENE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SPRINGFIELD
d. STREET ADDRESS (If rural, give location) 1116 N. PROSPECT

3. NAME OF DECEASED (Type or Print)
a. (First) JENNIE
b. (Middle) V.
c. (Last) TEETER FETTER

4. DATE OF DEATH (Month) OCT. (Day) 2 (Year) 1949

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH JULY 29 1860
9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

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 (State or foreign country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JAMES DISHMAN
13b. MOTHER'S MAIDEN NAME HARRIET PIPER
14. NAME OF HUSBAND OR WIFE CHARLES E. TEETER (DEC.)

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. NO
17. INFORMANT'S SIGNATURE OR NAME MRS. R. C. REYNOLDS, SPGFD. ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Degenerative Heart Disease — 4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-26-49, 19__, *to* 10-2-49, 19__, *that I last saw the deceased alive on* 10-1, 1949, *and that death occurred at* 6:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE E. Simpson M.D. (Degree or title)
23b. ADDRESS Springfield, Mo.
23c. DATE SIGNED 10-3-49

24a. BURIAL, CREMATION REMOVAL (Specify) Burial
24b. DATE 10-4-49
24c. NAME OF CEMETERY OR CREMATORY Greenlawn
24d. LOCATION (City, town, or county) Springfield, Mo. (State)

DATE REC'D BY LOCAL REG. 10-3-49
REGISTRAR'S SIGNATURE W. E. Handley by V. Scott Deputy
25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co. ADDRESS Spgfd.

(Licensed Embalmer's Statement on Reverse Side)

USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 16 1949

JAN 26 1950

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 .....
Student Embalmer

Signed Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State of Mo.
County of Greene } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 29933-49
Local Registrar's No. 882

On this 25th day of Nov, 1949, before me appears Mrs. Roy C. Reynolds, who, upon oath, states that the original record of ~~birth~~ death for Jennie V. Zeeter, ~~born~~ died Oct 2, 1949, 19..., in the State of Missouri, and which was filed at Jeff. City on Oct 10, 1949 should be corrected as follows:

Item No. ..... should read .....

Instead of .....

Item No. 3 should read Jennie V. Zeeter

Instead of " " Zetter

Item No. 14 should read Charles E. Zeeter

Instead of " " Zetter

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Roy C. Reynolds (daughter) Relationship.

1116 Prospect Ave. Present Address. Springfield Mo.

Subscribed and sworn to before me this 25th day of Nov., 1949.

My Commission expires Dec. 19 – 1951 Wm. C. Holmes Notary Public.