

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40408

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 2002

396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield | c. LENGTH OF STAY (in this place) 19 years | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, Missouri 0396 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Trotters Rest Home | | d. STREET ADDRESS (If rural, give location) 615 N. Main Avenue | |

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|---|-------------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) ALBERT TETER | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 11, 1950 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 23 Jan 1867 | | 9. AGE (In years last birthday) 83 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (State or foreign country) Nokomis, Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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|-----------------------------------|--|--|--|---|--|
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Bessie Teter | |
|-----------------------------------|--|--|--|---|--|

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|---|--|---|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hallet Trotter, Springfield, Missouri. | | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION Atherosclerotic probably arterio sclerotic heart disease | | | INTERVAL BETWEEN ONSET AND DEATH 4200 |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) probably arterio sclerotic | | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) heart disease | | | |
| | | DUE TO (c) | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

UNATTENDED BY A PHYSICIAN

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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00A m., from the causes and on the date stated above.

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|---|--|--|--|---------------------------------|--|
| 23a. SIGNATURE W.E. Handley M.D. Local Registrar | | 23b. ADDRESS City Hall Springfield Mo | | 23c. DATE SIGNED 1/13-50 | |
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|---|------------------------------|--|---|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 14 Dec 1950 | 24c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery | 24d. LOCATION (City, town, or county) (State) Springfield, Missouri. | | |
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| DATE REC'D BY LOCAL REG. 12-13-50 | REGISTRAR'S SIGNATURE W.E. Handley M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Full Thum, Springfield, Mo. | | | |
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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 Ralph A. Thomas.....

Licensed Embalmer No. 3681.....

P. O. Address Springfield, Missouri......

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