

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4938
684

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 65 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 18 West 40th St. Way 3648
d. FULL NAME OF HOSPITAL OR INSTITUTION 18 West 40th St. Way			d. STREET ADDRESS (If rural, give location) 18 West 40th St. Way 3648		

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) RILEY c. (Last) TEACHENOR			4. DATE OF DEATH (Month) (Day) (Year) February 10, 1951		
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5. SEX M 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 31, 1879	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, K.C. Terminal		10b. KIND OF BUSINESS OR INDUSTRY Rwy. Co.	11. BIRTHPLACE (State or foreign country) Missouri 10		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George W. Teachenor		13b. MOTHER'S MAIDEN NAME Lucinda Summers		14. NAME OF HUSBAND OR WIFE Bess E. Teachenor	
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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. 703-03-8115	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Bess E. Teachenor, 18 W. 40th St. Way,			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis				INTERVAL BETWEEN ONSET AND DEATH 3 yrs
	ANTECEDENT CAUSES DUE TO (b) arteriosclerosis				3 yrs
	DUE TO (c) Bronchitis				3 yrs
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. No	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from June, 1950 to Feb 10, 1951, that I last saw the deceased alive on Feb 10, 1951 and that death occurred at 5:40 m., from the causes and on the date stated above.

23a. SIGNATURE M. B. Casbolt (Degree or title) M.B. Casbolt MD		23b. ADDRESS 4000 Bathurst Reno	23c. DATE SIGNED 2-12-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/13/51	24c. NAME OF CEMETERY OR CREMATORY Floral Hills	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 2-13-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS STINE & McCLURE, Kansas City, Missouri		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. W. B. Caswell
21600 Baltimore
Dc 5114

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 _____

Herbert A. Jones

working under my personal supervision.

Student Embalmer No. 411

Signed Herbert A. Jones
Student Embalmer

Signed E. M. Plank

Licensed Embalmer No. 1848

P. O. Address 3235 Hillman Plaza

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.