

FILED NOV 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32962

State File No. _____
Registrar's No. 82

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4130

240

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

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BIRMINGHAM</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BIRMINGHAM 1340</u>	
c. LENGTH OF STAY (In this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>11</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>MILTON</u>	b. (Middle)	c. (Last) <u>TEEGARDEN</u>	(Month) (Day) (Year) <u>OCT 31 1951</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 5, 1896</u>	9. AGE (In years last birthday) <u>55</u>	10. UNDER 1 YEAR Months <u>5</u>	11. UNDER 1 YEAR Days <u>26</u>	12. UNDER 1 YEAR Hours <u>1</u>	13. UNDER 1 YEAR Mins. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>CLAY Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Austin Teegarden</u>	13b. MOTHER'S MAIDEN NAME <u>IDA ROEPERS</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. Lillie Teegarden</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) <u>YES</u> <u>WW I</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS MARY BLANKENSHIP N.K.C. #15</u>	18. ADDRESS <u>151X</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized debility.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Adenocarcinoma of the Stomach</u>		
	DUE TO (b) <u>Stomach</u>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>		

19a. DATE OF OPERATION <u>11/29/49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma Stomach metastases to liver</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 Apr, 1948, to Oct 31, 1951, that I last saw the deceased alive on Oct 31, 1951, and that death occurred at 11: A m., from the causes and on the date stated above.

23a. SIGNATURE <u>James J. [Signature]</u>	(Degree or title)	23b. ADDRESS <u>2025 [Address]</u>	23c. DATE SIGNED <u>11/1/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 3, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-3-51</u>	REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Newcomer's</u>	ADDRESS <u>NORTH KANSAS CITY</u>
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DEC 17 1951



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.....

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working under my personal supervision.

Student Embalmer No.

Signed Glen H. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. 4586

P. O. Address Avondale, Md.

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.