

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1661

State File No. _____
Registrar's No. 45

FILED FEB 6 1952

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5-569</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <i>Rural Brookings</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Raytown</u>		c. LENGTH OF STAY (in this place) <u>17 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Raytown</u> <i>Rural Brookings</i>		d. STREET ADDRESS (If rural, give location) <u>12500 E. 67 st.</u> <i>0480</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12500 E. 67 st.</u>			d. STREET ADDRESS (If rural, give location) <u>12500 E. 67 st.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>W.</u> c. (Last) <u>Teupe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 24 52</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct. 29, 1881</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Interior Decorator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (State or foreign country) <u>Louisville, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Frank Teupe</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kortman</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louise Teupe 12500 E. 67st. Raytown, Mo.</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hem</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <u>1 MC</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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) m.	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 <u>1-24-1952</u> to <u>1-24-1952</u> , that I last saw the deceased alive on <u>1-24-1952</u> and that death occurred at <u>11 PM</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. L. Laffoon M.D.</u>			23b. ADDRESS <u>Raytown, Mo.</u>		23c. DATE SIGNED <u>1-26-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-26-52</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Louisville Ky.</u>		
DATE REC'D BY LOCAL REG. <u>Jan. 26-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>559-</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u>		ADDRESS <u>KCMO.</u>

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

480

MAR 27 1932

FEB 4 REC'D

D. Lippman

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

J. Lippman

Signed.....
Student Embalmer

Licensed Embalmer No. *2209*

P. O. Address _____
LL

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.