

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1923**

FILED FEB 13 1952

BIRTH NO.

REG. DIST. NO. **179**PRIMARY REG. DIST. NO. **5671**Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Truxton, Missouri		c. LENGTH OF STAY (in this place) 0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Tetlow c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jan 31, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 7, 1889
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Samuel Tetlow	
13b. MOTHER'S MAIDEN NAME Wilhelminia Buttkus		14. NAME OF HUSBAND OR WIFE Wilhelminia Tetlow	
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. Nil	
17. INFORMANT'S SIGNATURE OR NAME Wilhelminia Tetlow, Truxton, Missouri		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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DIFFUSE DEGENERATIVE ENCEPHALOPATHY WITH ANTECEDENT CAUSES LACUNAR SCLEROSIS (ARRET ARTERIOSCLEROSIS) -		INTERVAL BETWEEN ONSET AND DEATH about 2 yr	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. RESIDUAL LEFT HEMIPLEGIA DUE TO		about 2 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION OLD RIGHT CAPSULAR LESION, WITH PSEUDOBULBAR PARALYSIS.	
19a. DATE OF OPERATION No operation.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) -		21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY -	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332X	
22. I hereby certify that I attended the deceased from _____, 19 48 , to _____, 19 51 , that I last saw the deceased alive on April 2 , 19 51 , and that death occurred at 4:00P m., from the causes and on the date stated above.			
23a. SIGNATURE E. Lawrence Keyes		23b. ADDRESS 4952 Maryland Ave, St Louis	
23c. DATE SIGNED 1 Feb, 1952		23d. (Degree or title) MD	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-3-52	
24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		24d. LOCATION (City, town, or county) (State) Truxton, Missouri	
DATE REC'D BY LOCAL REG. Feb 8 - 1952		REGISTRAR'S SIGNATURE Emma B. Riddle	
25. FUNERAL DIRECTOR'S SIGNATURE Jones Funeral Home, Bellflower, Mo.		ADDRESS	

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

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.....
Student Embalmer

Signed.....
Alford A Jones

Licensed Embalmer No.....
2978

P. O. Address.....
Bellflower Mo

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.