

U.S. No. 800
REV. 10-48

91 FEB 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4090

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 193

1. PLACE OF DEATH
 a. COUNTY Buchanan
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph
 c. LENGTH OF STAY (In this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo Methodist Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Mo
 b. COUNTY Ray
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0890
 d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED
 (Type or Print)
 a. (First) James
 b. (Middle) M.
 c. (Last) Teagarden

4. DATE OF DEATH (Month) (Day) (Year)
Feb 15 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Jan 3 - 1878

9. AGE (In years last birthday) 74
 If under 1 year: Months 1 Days 12
 If under 12 mos: Hours 0 Mins. 0

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) Ray Co. Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Samuel P. Teagarden

13b. MOTHER'S MAIDEN NAME Sarah Glenn

14. NAME OF HUSBAND OR WIFE Lillie M. Teagarden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓

16. SOCIAL SECURITY NO. 5705

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Lillie Teagarden Polo Mo

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
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia nephrosclerosis
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Intestinal obstruction - small bowel
 DUE TO (c) cause undetermined
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2+ weeks
7 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13, 1952, to 2-15, 1952, that I last saw the deceased alive on 2-14, 1952, and that death occurred at 9:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lurch G. Ide M.D.

23b. ADDRESS 902 Edmond St. Joseph Mo

23c. DATE SIGNED 2-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-18-52

24c. NAME OF CEMETERY OR CREMATORY Timminian Cemetery, Polo

24d. LOCATION (City, town, or county) (State) Mo

DATE REC'D BY LOCAL REG. Feb 21, 1952

REGISTRAR'S SIGNATURE Carl C. Cash

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alspaugh & Lowrey Polo Mo

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

Dean A. Alving

Signed.....

Student Embalmer

Licensed Embalmer No. *2968*

P. O. Address *Old 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.