

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16809**  
2007

FILED MAY 17 1952

BIRTH NO. **29809** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2007**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence 0415</b>	
c. LENGTH OF STAY (In this place) <b>8 hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>9715 E. 35th. St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hosp.</b>			

3. NAME OF DECEASED (Type or Print) <b>Baby Girl Teghtmeyer</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <b>May 1, 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>April 30, 1952</b>	9. AGE (In years last birthday) <b>0</b> IF UNDER 1 YEAR: MONTHS <b>0</b> DAYS <b>8</b> IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>

13a. FATHER'S NAME <b>Winston Teghtmeyer</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Ellen Flam</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Winston Teghtmeyer</b>	ADDRESS <b>9715 E. 35th</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Total Atelectasis Missione</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>7620</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Asphyxia</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on \_\_\_\_\_, 19\_\_\_\_, from the causes and on the date stated above.

23a. SIGNATURE <b>Russell W. Kerr MD</b>	23b. ADDRESS <b>St. Joseph Hosp</b>	23c. DATE SIGNED <b>1 May 52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 2, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Ceme.</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
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DATE REC'D BY LOCAL REG. <b>5-2-52</b>	REGISTRAR'S SIGNATURE <b>Maeldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Earp &amp; Sons</b>	ADDRESS <b>4139 Truman Rd. K.C. Mo.</b>
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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed William H. Fargy.....

Licensed Embalmer No. 4728.....

P. O. Address K. C. 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.