

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24695**
3273

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1005 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 9 Months	
d. FULL NAME OF HOSPITAL OR INSTITUTION ROGERS GALVANIZING COMPANY 720 EAST 12TH STREET		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 3188	
		d. STREET ADDRESS (If rural, give location) 4026 BLUE RIDGE BLVD.	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) WAYNE c. (Last) TEETER			4. DATE OF DEATH (Month) (Day) (Year) JULY-18-1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 26-1911		9. AGE (In years last birthday) 41
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPERINTENDANT		10b. KIND OF BUSINESS OR INDUSTRY ROGERS GALVANIZING CO.	11. BIRTHPLACE (City and State or Foreign Country) Lanark Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME DANIEL TEETER		13b. MOTHER'S MAIDEN NAME Zella Arnold		14. NAME OF HUSBAND OR WIFE Mrs. Molly Teeter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) NO		16. SOCIAL SECURITY NO. 348-10-3476		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Molly Teeter 4026 Blue Ridge	

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) Stroke & concussion of brain ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) brain DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH CAUSE 3 5
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 123		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) factory	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-18-52 1:23 pm	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell 18 ft to concrete floor.	

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 at **1:05 PM**, from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Kealhofer, M.D. (Degree or title)		23b. ADDRESS 4050 Broadway St. New		23c. DATE SIGNED 7-18-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JULY 19 1952	24c. NAME OF CEMETERY OR CREMATORY WEST BATAVIA CEMETERY	24d. LOCATION (City, town, or county) (State) BATAVIA ILLINOIS
DATE REC'D BY LOCAL REG. 7-19-52	REGISTRAR'S SIGNATURE Heraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.H. Newcomer Sons 1331 BRUSH CREEK KANSAS CITY, MO.	

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

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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 _____

Charles D. Beaman

Student Embalmer No. 470

working under my personal supervision.

Student *Charles D. Beaman*
Student Embalmer

Signed *Charles D. Stickney*

Licensed Embalmer No. 4560

P. O. Address KP, 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.