S. No. 300
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# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 13183

BIRTH NO. FILED MAY 15 1953 REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5034 Registrar's No. 5

**1. PLACE OF DEATH**
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Prairie)
c. LENGTH OF STAY (In this place): 2 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 mi. N. of Laddonia, Mo

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Prairie) 0040
d. STREET ADDRESS (If rural, give location): 4 mi. N. of Laddonia, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Emily c. (Last) Teague
4. DATE OF DEATH (Month) (Day) (Year): May 10 1953
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 23 1864
9. AGE (In years last birthday): 88 — If under 1 year: Months 9 Days 17 — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Bell Fontaine, Ohio.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Samuel Jones
13b. MOTHER'S MAIDEN NAME: Abigail —
14. NAME OF HUSBAND OR WIFE: Elmer H Teague
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.: —
17. INFORMANT'S SIGNATURE OR NAME: Mr. Tom Teague ADDRESS: Laddonia, Mo

**MEDICAL CERTIFICATION**

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardiac Decompensation — 1 mo.
DUE TO (c) Old age

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: 4343
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) m.:
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* August, 1952, *to* May 10, 1953, *that I last saw the deceased alive on* April 9, 1953, *and that death occurred at* 3:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: William W. Jones M.D. (Degree or title)
23b. ADDRESS: Laddonia Mo
23c. DATE SIGNED: 5-10-53
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 12-1953
24c. NAME OF CEMETERY OR CREMATORY: Laddonia Cemetery
24d. LOCATION (City, town, or county) (State): Laddonia, Mo.
DATE REC'D BY LOCAL REG.: 5-12-53
REGISTRAR'S SIGNATURE: Martha Kemper
25. FUNERAL DIRECTOR'S SIGNATURE: Wilkins Bierhoff ADDRESS: Laddonia, Mo

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Iwa.

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.