

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36833

FILED OCT. 29 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5975 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Polk (North McKinley)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Polk (North McKinley)</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>4 Miles North of Polk</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 Miles North of Polk</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hildreth</u> b. (Middle) <u>Madine</u> c. (Last) <u>Tellers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 11 1953</u>		
---	--	--	--	--	--

5. SEX <u>Female</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Nov. 10 1926</u>		9. AGE (In years last birthday) <u>26</u>		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Mins.	
----------------------	--	----------------------------	--	--	--	---	--	---	--	----------------------------------	--	-----------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Polk Co. Mo</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
---	--	--	--	--	--	---	--	--	--	--	--

13a. FATHER'S NAME <u>Benjamin Franklin Tellers</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Emory</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>		
---	--	--	--	--	--	---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Tellers</u>		ADDRESS <u>Polk Mo.</u>	
--	--	-------------------------------------	--	--	--	-------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion.</u>		DUPLICATE OF (a)						<u>Instant</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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 <u>4201</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	--	--	--	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
---	--	---	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	
--	--	--	--	-------------------------------------	--

22. I hereby certify that I attended the deceased from Oct 11, 1953 to _____, 19____, that I last saw the deceased alive on Oct. 11, 1953, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Willard B. Erwin</u>		23b. ADDRESS <u>Ballinger, Mo</u>		23c. DATE SIGNED <u>10/12/53</u>	
--	--	-----------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 14 / 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Payne Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>North of Polk Mo</u>	
---	--	------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>10/24/53</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Erwin Blue</u>		ADDRESS <u>Ballinger Mo</u>	
--	--	---	--	--	--	-----------------------------	--

(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 *William B. Ewin*

Licensed Embalmer No. *3092*

P. O. Address *Bolivar, 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.