

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9376**

FILED **MAR 17 1954**
BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5742** Registrar's No. **179**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Valley Tnsh.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Valley township	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Callao, Missouri	

3. NAME OF DECEASED (Type or Print) a. (First) Stella b. (Middle) _____ c. (Last) Teter			4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1954		
5. SEX F	6. COLOR OR RACE "hite"	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Sept 15, 1876	9. AGE (In years last birthday) 77	10. MONTHS 4 11. DAYS 28 12. IF UNDER 1 YEAR 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 (State or foreign country) 9		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Marter Gilstrap		13b. MOTHER'S MAIDEN NAME Thursday Lunsford		14. NAME OF HUSBAND OR WIFE Albert Teter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

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* Metastatic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 4 mos	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO Adenocarcinoma of right mammary gland		DUE TO (c) obesity	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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 <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 **1952**, 19____, to **Feb. 13, 1954**, that I last saw the deceased alive on **Feb 13, 1954** and that death occurred at **8 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. P. Dunsen D.O.		23b. ADDRESS Macon Mo		23c. DATE SIGNED 2/19/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Feb. 15, 1954		24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery	
				24d. LOCATION (City, town, or county) (State) Macon, Mo.	

DATE REC'D BY LOCAL REG. 3/2/54		REGISTRAR'S SIGNATURE Ruth Mcneely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. F. Tester, Brem Macon Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8.11.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 3-54-23
Date Filed 8.12.54

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.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *R. Lester Bram*
Licensed Embalmer No. 4472
P. O. Address *Macon, Ga.*

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.