

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18546**

No. 30-48

BIRTH NO.		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4199</u>		Registrar's No. <u>67</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>McFall, Mo.</u>		c. LENGTH OF STAY (in days) <u>82 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>McFall, Missouri</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION ---				d. STREET ADDRESS (If rural, give location) <u>0280</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Jennie</u>		b. (Middle) <u>Thompson</u>		c. (Last) <u>Teel</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 2, 1954</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Never married</u>	
8. DATE OF BIRTH <u>Nov 19, 1871</u>		9. AGE (In years last birthday)		10. MONTHS		11. IF UNDER 1 YEAR	
<u>82</u>		<u>0</u>		<u>0</u>		<u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done before death, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Gentry County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alexander M. Teel</u>		13b. MOTHER'S MAIDEN NAME <u>Emaline Hardin</u>		14. NAME OF HUSBAND OR WIFE ---			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Ruby Teel, McFall, Missouri</u>			
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* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Endarteritis Oblit</u> 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 <u>2 days</u> <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>McFall, Gentry Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>					
22. I hereby certify that I attended the deceased from <u>June 1951</u> , to <u>date</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-2-</u> , 19 <u>54</u> , and that death occurred at <u>11:15 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank H. Rose M.D.</u>				23b. ADDRESS <u>Albany, Mo</u>		23c. DATE SIGNED <u>7-3-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-4-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McFall Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>McFall, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-8-54</u>		REGISTRAR'S SIGNATURE <u>Lina Fore</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pattonsburg, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 25 1937

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 Louis Quast

Licensed Embalmer No. 4096

P. O. Address Pattersonburg, W. Va.

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.