

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21863**

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

BIRTH NO. _____		REG. DIST. NO. <b>360</b>		PRIMARY REG. DIST. NO. <b>3076</b>		Registrar's No. <b>121</b>	
1. PLACE OF DEATH a. COUNTY <b>VERNON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>VERNON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Neveda</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HARWOOD</b>		d. STREET ADDRESS (If rural, give location) <b>1080 805 W. Hunter</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MANLOVE NURSING HOME</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b>		b. (Middle) <b>MURTL</b>		c. (Last) <b>TEETOR</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 3 1954</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 28 1875</b>		9. AGE (In Years last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Schell City Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>David Wesley Moore</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>J.R. Teetor</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Effie Stevens</b>		ADDRESS <b>HARWOOD Mo.</b>	
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) <b>Uremia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hephtitis</b> DUE TO (c) <b>Generalized arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 day</b> <b>3 weeks</b> <b>1 yr +</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>446 X</b>				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) m.		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 <b>April 26, 1954</b> , to <b>July 3, 1954</b> , that I last saw the deceased alive on <b>July 3, 1954</b> , and that death occurred at <b>7 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Anna E. Ferry</b>				23b. ADDRESS <b>Harwood Mo.</b>		23c. DATE SIGNED <b>7/7/54</b>	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7-6-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HARWOOD CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>HARWOOD Mo.</b>		
DATE REC'D BY LOCAL REG. <b>7-7-1954</b>		REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>OURWAGGON</b>		ADDRESS <b>Harwood Mo.</b>	

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Oliver Jensen*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2709

P. O. Address HARWOOD, Me

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.