

FILED JAN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43326**
6029

BIRTH NO. **89224-54** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **6029**

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City c. LENGTH OF STAY (in this place) 2 day d. FULL NAME OF HOSPITAL OR INSTITUTION Childrens Mercy Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lynn c. CITY OR TOWN Bucklin d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) Box 164 f. ADDRESS 0580	
3. NAME OF DECEASED (Type or Print) a. (First) Russell b. (Middle) Warren c. (Last) Teeter		4. DATE OF DEATH (Month) (Day) (Year) 12-31-54	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant	8. DATE OF BIRTH Dec-26-1954
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Bucklin, Mo. Box 164
13a. FATHER'S NAME Carl N Teeter		13b. MOTHER'S MAIDEN NAME Hou Etta Bartelt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Carl N Teeter		ADDRESS Bucklin, Mo	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ESOPHAGEAL ATRESIA (CONGENITAL)		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7562

19a. DATE OF OPERATION 12-30-54	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 **12-28**, 1954, to **12-31**, 1954, that I last saw the deceased alive on **12-31**, 1954, and that death occurred at **1 A m.**, from the causes and on the date stated above.

23a. SIGNATURE Wayne Hart (Degree or title) D		23b. ADDRESS K. C. Mo.		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE Dec-31-54	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Bucklin, Mo.	
DATE REC'D BY LOCAL REG. 12-31-54	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer N.K.C. Mo.		

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.....
Signature of Student Embalmer

Signed.....
Glenn H. Miller

Licensed Embalmer No. 45

P. O. Address K.C. 16

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.