

FILED JUL 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18340**

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 540-A	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Polk			
b. CITY (If outside corporate limits, write RURAL, and give township) Springfield		c. LENGTH OF STAY (In this place) 9 days		c. CITY OR TOWN Polk		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not, by hospital or institution, give street address or location) St. John's Hospital				STREET ADDRESS (If rural, give location) S. Me. N.E. of Balwar			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Peter		c. (Last) Teah		4. DATE OF DEATH (Month) (Day) (Year) June 20 1955	
5. SEX M		6. COLOR OR RACE wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 16 1876	
9. AGE (In years last birthday) 78		10. AGE (In years last birthday) 6		11. AGE (In years last birthday) 4		9. AGE (In years last birthday) 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and State or Foreign Country) Polk County, Mo. U.S.A.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wm. New Teah		13b. MOTHER'S MAIDEN NAME Lone. Franker		14. NAME OF HUSBAND OR WIFE Belle Teah	
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. None		17. INFORMANT'S SIGNATURE OR NAME Ray Teah ADDRESS Polk 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. accidental fibrillation 1 mo.				INTERVAL BETWEEN ONSET AND DEATH 19 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				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) Springfield Greene Mo		21f. HOW DID INJURY OCCUR?	
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"/>					
22. I hereby certify that I attended the deceased from June 12, 1955 , to June 20, 1955 , that I last saw the deceased alive on June 20, 1955 , and that death occurred at 7:50p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. H. Chesley M.D.				23b. ADDRESS 609 Chesley		23c. DATE SIGNED June 25, 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 23, 55		24c. NAME OF CEMETERY OR CREMATORY Payne Cemetery		24d. LOCATION (City, town, or county) (State) Polk Missouri	
DATE REC'D BY LOCAL REG. 6-29-55		REGISTRAR'S SIGNATURE Carroll Williamson		25. FUNERAL DIRECTOR'S SIGNATURE Ernest & Blues Balwar ADDRESS Mo			

(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 _____
Signature of Student Embalmer

Signed *Harold B. Emmer* _____

Licensed Embalmer No. *309*

P.O. Address *Bulawa*

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.