

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10076**

FILED MAR 19 1956

BIRTH NO. 17218-56 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) Hughesville	
c. LENGTH OF STAY (In this place) 31 Hrs.		d. STREET ADDRESS (If rural, give location) 8001	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rothwell Memorial Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Kervin b. (Middle) Mc Cleary c. (Last) Tegtmeyer		4. DATE OF DEATH (Month) (Day) (Year) 3 15-1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 3-14-56
9. AGE (In years last birthday) 1		IF UNDER 1 YEAR Months 1 Days 7	IF UNDER 24 HRS. Hours 7 Mts. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None INFANT		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Sedalia Missouri
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Ray H. Tegtmeyer	13b. MOTHER'S MAIDEN NAME Madeline McCleary	14. NAME OF HUSBAND OR WIFE None
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 ADDRESS Ray H. Tegtmeyer Hughesville 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.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7625	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 3-14-, 1956, to 3-15, 1956, that I last saw the deceased alive on 3-15, 1956, and that death occurred at 10:25A m., from the causes and on the date stated above.

23a. SIGNATURE Chas Jordan Hanfke MD	(Degree or title) MD	23b. ADDRESS Sedalia Missouri	23c. DATE SIGNED 3-17-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-15-56	24c. NAME OF CEMETERY OR CREMATORY Houstonia Cemetery	24d. LOCATION (City, town, or county) (State) Houstonia Mo.
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DATE REC'D BY LOCAL REG. 3-17-56	REGISTRAR'S SIGNATURE Lavina Coontz Spatz	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul M. Moore La Monte Mo
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(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

Student Embalmer

Signed.....

Paul M. Moore

Licensed Embalmer No. *3923*

P. O. Address *La Monte Mo*

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.