

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10091

State File No.

FILED APR 9 - 1956 BIRTH NO. ... REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5932 Registrar's No. 178

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| 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) OR TOWN LaMonte (Rural) LaMonte | | c. LENGTH OF STAY (in this place) 73 yrs | c. CITY OR TOWN LaMonte |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles N.W. LaMonte | | STREET ADDRESS (If rural, give location) 4 miles N.W. LaMonte | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) Emma | b. (Middle) Jane | c. (Last) Teague | 4. DATE OF DEATH (Month) (Day) (Year) 4 5 1956 |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 11-6-1864 | 9. AGE (In years last birthday) 91 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (City and State or Foreign Country) Winston Salem North Carolina U.S.A. | 12. CITIZEN OF WHAT COUNTRY? |
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| 13a. FATHER'S NAME A.R. Gardner | 13b. MOTHER'S MAIDEN NAME Ruth Coltrain | 14. NAME OF HUSBAND OR WIFE John Teague |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs Harryn Sparks LaMonte Mo. | ADDRESS |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial regeneration | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Age | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) 4222 |
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| 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? |
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22. I hereby certify that I attended the deceased from _____, 1953 to _____, 1956 that I last saw the deceased alive on **April 1, 1956** and that death occurred at **7:45 Am.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) W.E. Walker M.D. | 23b. ADDRESS LaMonte Mo. | 23c. DATE SIGNED 4-6-56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4-7-56 | 24c. NAME OF CEMETERY OR CREMATORY LaMonte Cemetery | 24d. LOCATION (City, town, or county) (State) LaMonte Mo. |
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| DATE REC'D BY LOCAL REG. 4-6-56 | REGISTRAR'S SIGNATURE Lavinia Cooney Depts | 25. FUNERAL DIRECTOR'S SIGNATURE Paul M. Moore | ADDRESS LaMonte 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.....
Signature of Student Embalmer

Signed *Paul M. Moore*.....

Licensed Embalmer No. *392*

P. O. Address *La Monte*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.