

FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16628

State File No.

2142

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2142</u>	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BUCHANAN			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) KANSAS CITY, MO		c. LENGTH OF STAY (in this place) 8 days		c. CITY OR TOWN ST. JOSEPH		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA HOSPITAL, KANSAS CITY,				k. STREET ADDRESS (If rural, give location) 902 WEST CLIFF ST.			
3. NAME OF DECEASED (Type or Print) a. (First) CLYDE b. (Middle) H. c. (Last) TESCHNER			4. DATE OF DEATH (Month) (Day) (Year) MAY 15, 1956				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3-10-98	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days	IF UNDER 2 WKS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHEET METALWORKER		10b. KIND OF BUSINESS OR INDUSTRY STEEL		11. BIRTHPLACE (City and State or Foreign Country) DONIPHAN, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME PAUL E. TESCHNER		13b. MOTHER'S MAIDEN NAME CAROLINE SMITH		14. NAME OF HUSBAND OR WIFE WIDOWED Ruby Teschner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 491-10-6914		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, KANSAS CITY, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary infarctions, multiple ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombophlebitis, Legs, bilateral DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis, ASHD				INTERVAL BETWEEN ONSET AND DEATH 15 days 15 days 463X	
19a. DATE OF OPERATION		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) m. VA		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 <u>May 7</u> , 19 <u>56</u> , to <u>May 15</u> , 19 <u>56</u> , and I am satisfied that death occurred at <u>4:40 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <i>William E. Larsen</i> (Degree or title) WILLIAM E. LARSEN, M.D.				23b. ADDRESS VAH, Kansas City, Missouri		23c. DATE SIGNED 5-16-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-16-56		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. St. Joseph, Mo.		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. 5-16-56		REGISTRAR'S SIGNATURE <i>Nevo Minshall</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Repp Funeral Home St. Joseph, Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

MAY 31 1956

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 *Alvin C. Began*

Licensed Embalmer No. *490*

P. O. Address *St. Joseph*

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.