

with, effort, public service, 00 56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23431
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 653

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Billings		2220 1 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercy Infirmary		Length of stay in lb 8 Mos.	d. STREET ADDRESS (If outside, give location) 6 Miles SW Clever		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WALTER Middle E. Last TEAGUE			4. DATE OF DEATH Month July Day 15 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 20, 1877	9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Christian Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME David Teague			14. MOTHER'S MAIDEN NAME Susan Ruby		
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 Address Alfred Teague, Rt. 1, Billings, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leukemia - chronic lymphatic					INTERVAL BETWEEN ONSET AND DEATH 1 year +
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					2040
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Carcinoma of parotid - a few months					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 9-11-1955 to 7-15-1956 and last saw her alive on 7-1-56 Death occurred at 11:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Armer C. Marshall M.D.			22b. ADDRESS 609 Cherry-Springfield, Mo.		22c. DATE SIGNED 7-18-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/18/1956	23c. NAME OF CEMETERY OR CREMATORY Wise Hill Cemetery		23d. LOCATION (City, town, or county) (State) Clever, Missouri
24. FUNERAL DIRECTOR J. Alan Harris		ADDRESS Clever, Mo.		25. DATE RECD. BY LOCAL REG. 7-19-56	26. REGISTRAR'S SIGNATURE Edith Williams

51

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

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.....
John Harris

Licensed Embalmer No.....*43*

P. O. Address.....*Cleveland*

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.