Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31282
STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium — Length of stay in Hospital 78 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mississippi
c. CITY OR TOWN Wyatt — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Henry Middle: Last: Teer
4. DATE OF DEATH Month Day Year: Sept. 29, 1956
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH: Sept. 21, 1901
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Kentucky
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Dan Teer
14. MOTHER'S MAIDEN NAME: Annie Thornberry
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT Address: San. records. Mo. State San., Mt. Vernon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary histoplasmosis with extension of disease to brain — INTERVAL BETWEEN ONSET AND DEATH: at least 3 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 1342
19. WAS AUTOPSY PERFORMED? YES ☒ ~~NO~~

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 July 13, 1956, to Sept. 29, 1956 and last saw ~~where~~ him alive on 9-29-56
Death occurred at 1:45 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. A. Brasher M.D.
22b. ADDRESS: Mt. Vernon, Mo.
22c. DATE SIGNED: 9-29-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-2-56
23c. NAME OF CEMETERY OR CREMATORY: Sanatorium Cemetery
23d. LOCATION (City, town, or county): Mt Vernon (State): Mo.

24. FUNERAL DIRECTOR: L. O. Fassett — ADDRESS: Mt Vernon Mo
25. DATE RECD BY LOCAL REG.: ~~10-3-56~~ 10-3-56
26. REGISTRAR'S SIGNATURE: Neil Hendricks

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....me...., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed F. D. Fassett

Licensed Embalmer No. 220

P. O. Address Mt. Vernon,

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