

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16870**  
#3

FILED JUN 11 1957

BIRTH NO.		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>43</u>			
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>					
b. CITY OR TOWN <u>Fayette</u>		c. LENGTH OF STAY (in this place) <u>4340</u>		c. CITY OR TOWN <u>Fayette</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boyd &amp; Lake</u>				d. STREET ADDRESS (If rural, give location) <u>Boyd And Lake</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>E. Inara</u>		b. (Middle) <u>Bell</u>		c. (Last) <u>Teverbaugh</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1957</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>C</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 30, 1894</u>			
9. AGE (In years, last birthday) <u>63</u>		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Evangelist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Church of God</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Motley</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Cotner</u>		14. NAME OF HUSBAND OR WIFE <u>Jesse A. Teverbaugh</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Quanita Lewis, 750 La Vegas St, Springfield, Mo.</u>					
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) <u>diabetes in (coma)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>260.X</u>				INTERVAL BETWEEN ONSET AND DEATH ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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 <u>5-20, 1957</u> , to <u>5-22, 1957</u> that I last saw the deceased alive on <u>5-22, 1957</u> , and that death occurred at <u>12 P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>M. P. Leach, M.D.</u>				23b. ADDRESS <u>Fayette, Mo</u>		23c. DATE SIGNED <u>5-24-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/27/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5/24/57</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>GREEN FUNERAL SERVICE</u>		ADDRESS <u>Marshall, Mo</u>			

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

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**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

*Walter Green*

Licensed Embalmer No. 4220

P. O. Address W. H. Marshall, 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.