

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32633**

FILED SEP 30 1957

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5723		Registrar's No. 155		
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon				
b. CITY (If outside city limits, give FULL name of town) College Mound		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN College Mound		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: ---				e. STREET ADDRESS (If rural, give location) 0610				
3. NAME OF DECEASED (Type or Print) a. (First) Lon (Jack)			b. (Middle) Teter			c. (Last)		
4. DATE OF DEATH		(Month) 9		(Day) 10		(Year) 57		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5-26-79		
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		Min.		
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 Foreign Country) College Mound, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Teter			13b. MOTHER'S MAIDEN NAME Julia Brammer			14. NAME OF HUSBAND OR WIFE Ella Teter		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME John Teter ADDRESS College Mound, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension					INTERVAL BETWEEN ONSET AND DEATH 2 Hrs unknown unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? Y 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) 4201 (COUNTY)		21d. (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 9-10 , 19 57 , to 9-10 , 19 57 , that I last saw the deceased alive on 9-10 , 19 57 , and that death occurred at 2:45 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE M. C. Copley D.O. (Degree or title)				23b. ADDRESS Huntsville, Mo		23c. DATE SIGNED 9-14-57		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Burial 9-12-57		24c. NAME OF CEMETERY OR CREMATORY College Mound Cem.		24d. LOCATION (City, town, or county) (State) College Mound Missouri		
DATE REC'D BY LOCAL REG. 9/20/57		REGISTRAR'S SIGNATURE Ruth McNeely		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Edwards		ADDRESS Bevier, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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Date Filed 9.27.57

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 *J. S. Edwards*

Licensed Embalmer No. 1961

P. O. Address Bay 1er., Mi.

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.