Health, & Welfare
Public
h Service

S. 300
v. 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 DEC 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43426
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Vincent Hosp. — Length of stay in 1b 15 days

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

3. NAME OF DECEASED (Type or print) First: Grace Middle: Alma Last: Teel
4. DATE OF DEATH Month: Dec. Day: 9 Year: 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sept. 22, 1894
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR: Months 1, Days 17 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Barry, Co. Near Purdy, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Pleasant S. Goodnight
14. MOTHER'S MAIDEN NAME Alice Thomas
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 Leonard Teel Address Monett, 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) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH 7 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypernephroma left Kidney (Surgically removed Mar 1, 1956)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 180X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
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 May 7, 1954 to Dec 9, 1957 and last saw her alive on Dec 9, 1957
Death occurred at 5 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE F. L. Edwards (Degree or title) MD
22b. ADDRESS Monett Mo
22c. DATE SIGNED Dec 11, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-10-1957
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery
23d. LOCATION (City, town, or county) (State) Monett, Missouri
24. FUNERAL DIRECTOR ADDRESS Mercer Funeral Home Monett, Mo.
25. DATE RECD. BY LOCAL REG. 12-14-57
26. REGISTRAR'S SIGNATURE Mrs P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1257-225

DATE REC. 12-16-57

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, Mo.

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.