

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024682

STATE FILE NUMBER

DECEASED AUG 4 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 792

S. 300
1-57

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph 01170 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1322 1/2 Buchanan Ave		Length of stay in lb 50 yrs.	d. STREET ADDRESS (If outside, give location) 1322 1/2 Buchanan Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Lyda Belle Tetherow			4. DATE OF DEATH Month Day Year July 24, 1958.
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 1, 1887
9. AGE (In years last birthday) 70		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) DeKalb, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Samuel B. Evans	
13b. MOTHER'S MAIDEN NAME Martha Frakes		14. NAME OF HUSBAND OR WIFE Ivan C. Tetherow	
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 Mrs. Martha Violet Tetherow, St. Joseph, 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) cerebral vascular accident			INTERVAL BETWEEN ONSET AND DEATH 29 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) generalized arteriosclerotic-hypertensive cardiovascular disease			2 years
DUE TO (c) 443 X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) auricular fibrillation; coronary heart failure			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. Month, Day, Year			
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 6-11-58 to 7-23-58 and last saw her alive on 7-22-58 Death occurred at 5:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Richard D. Meakin M.D. (Degree or title)		22b. ADDRESS Phys + Surg Bldg 216, St. Joseph, Mo	22c. DATE SIGNED 7-25-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 26, 1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
24. MUNICIPAL DIRECTOR Albert E. Harrington Inc.		25. DATE RECD. BY LOCAL REG. July 28, 1958	26. REGISTRAR'S SIGNATURE Wm. Clark Goodell

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 

Licensed Embalmer No. 4679

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.