

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029284  
STATE FILE NUMBER  
3916

FILED AUG 27 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3916

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4236 Windsor		Length of stay in hospital 38 years	d. STREET ADDRESS (If outside, give location) 4236 Windsor
3. NAME OF DECEASED (Type or print) First Middle Last Franklin Ebenezer Teel			4. DATE OF DEATH Month Day Year Aug 13 1958
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 21 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired interior decorator		10b. KIND OF BUSINESS OR INDUSTRY Decorating	11. BIRTHPLACE (City and state or country) Battle Creek, Iowa
13a. FATHER'S NAME Franklin L Teel		13b. MOTHER'S MAIDEN NAME Louenia Palmer	14. NAME OF HUSBAND OR WIFE Nettie A. Teel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Nettie Teel
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic brain disease</u> DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 to 3 years.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 <u>Aug 4 1958</u> to <u>Aug 13 1958</u> and last saw him alive on <u>Aug 13 1958</u> . Death occurred at <u>4:15 P.M.</u> on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <u>W. H. Goodson, Jr. MD</u> (Degree or title)		22b. ADDRESS <u>730 West 139 Kansas City Mo</u>	
22c. DATE SIGNED <u>8/13/58</u>		22d. PLACE SIGNED <u>Kansas City, Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8/15/58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mount Washington</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>	
24. FUNERAL DIRECTOR <u>Sidman Mortuary</u>		25. DATE RECD. BY LOCAL REG. <u>8-14-58</u>	
26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Wm. H. Goodson, Jr. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 *John R. Edmon* .....  
Licensed Embalmer No. *4531* .....  
P. O. Address *Kansas City,* .....

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.