

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014084

STATE FILE NUMBER

FILED MAY 12 1959

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 76

300
1-57

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 corporate limits, give TOWNSHIP only) OR TOWN Macon		c. CITY OR TOWN Macon <i>0610</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Samaritan Hosp.		d. STREET ADDRESS no (If outside, give location)	
Length of stay in lb 2hrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Randall Lee Middle Teter Last			4. DATE OF DEATH Month April Day 23 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 23, 1959	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min 5
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no	10b. KIND OF BUSINESS OR INDUSTRY no	11. BIRTHPLACE (City and state or country) Macon, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Virgil Teter	13b. MOTHER'S MAIDEN NAME Maxine Leath	14. NAME OF HUSBAND OR WIFE no
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT Virgil Teter Address College Mound, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Atelectasis (Bilateral) DUE TO (b) Coronary Heart DUE TO (c) Premature Birth 5 1/2 months pregnancy		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7625		

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.)
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20c. TIME OF INJURY Hour no Month no Day no Year no a.m. no p.m. no	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 Macon, Mo.	COUNTY	STATE
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21. I attended the deceased from Death occurred April 23, 1959 at 8:05 A.M. and last saw her/him alive on April 23, 1959 on or the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Cliff Maddy, M.D.</i> (Degree or title)	22b. ADDRESS Macon, Mo.	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 23, 1959	23c. NAME OF CEMETERY OR CREMATORY College Mound Cem.	23d. LOCATION (City, town, or county) (State) College Mound, Mo.
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24. FUNERAL DIRECTOR <i>Lester Hutton</i> ADDRESS Macon, Mo 430159	25. DATE RECD. BY LOCAL REG. 4/30/59	26. REGISTRAR'S SIGNATURE <i>Ruth M. Reedy</i>
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(Licensed Embelmer's Statement on Reverse Side)

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.

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 *Charles A. Blutton*

Licensed Embalmer No. *4577*

P. O. Address *Mason 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.