

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-038926**

FILED VS NOV 9 1960 181

Registration District No. 5678

Primary Registration District No. Registrar's No. 27

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Lincoln</b>		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Waverly Twp.</b>		Length of stay in lb <b>life</b>	c. CITY OR TOWN <b>Eolia</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Farm Residence</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>None</b> (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Wayne Wilson Teague</b>			4. DATE OF DEATH Month <b>October</b> Day <b>8</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/18/45</b>	9. AGE (last birthday) <b>15</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student &amp; Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Farming</b>	11. BIRTHPLACE (City and state or country) <b>Lincoln Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Max M. Teague</b>		13b. MOTHER'S MAIDEN NAME <b>Nina Haddock</b>		14. NAME OF HUSBAND OR WIFE <b>Never Married</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Max M. Teague, Eolia, Missouri.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fractured Skull, Chrushed Chest.</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Inst.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Pinned under an overturned Farm Tractor</b> DUE TO (c) <b>(Coroner's Jury Verdict)</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Tractor he was riding on struck tree and overturned, pinning him underneath it.</b>		
20c. TIME OF INJURY Hour <b>2</b> p.m. Month, Day, Year <b>10/8/60</b>					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>Farm</b>	20f. CITY, TOWN, OR LOCATION <b>Waverly Twp. Lincoln</b>		COUNTY STATE <b>Missouri.</b>
21. I attended the deceased from <b>2:00 PM</b> to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Joseph D. Marsh, Coroner</b>			22b. ADDRESS <b>351 Monroe St. Troy, Missouri</b>		22c. DATE SIGNED <b>10/13/60</b>
23. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10/10/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mill Creek Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Lincoln County, Missouri.</b>		
24. FUNERAL DIRECTOR <b>Kemper-Marsh Funeral Home, Troy, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>10/14/1960</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Clarence Kientz</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

YS NOV 9 1960

**STATEMENT BY LICENSED EMBALMER**

hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Joseph J. Marsh*

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.