

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017259

STATE FILE NUMBER

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 10

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 25 1963

1. PLACE OF DEATH a. COUNTY St Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Appleton City		Length of stay in 1b 14 days	c. CITY OR TOWN Montrose Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellett Memorial Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R R Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last LEO W Teeman			4. DATE OF DEATH Month Day Year April 16 1963		
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 Aug 16. 1890	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Montrose, Mo		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Teeman		13b. MOTHER'S MAIDEN NAME Adelia Miller		14. NAME OF HUSBAND OR WIFE Johanna Teeman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no			16. SOCIAL SECURITY NO. 50	17. INFORMANT Basil Teeman Address Montrose, 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) liver carcinoma (Metastatic)		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) carcinoma of colon		
DUE TO (c)		
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"/> N. <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m.	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 2 Apr 63 to 16 Apr 63 and last saw ^{her} him alive on 16 Apr 63
Death occurred at 10²⁵ AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. H. Ellett, M.D.</i>	(Degree or title)	22b. ADDRESS Appleton City	22c. DATE SIGNED 16 Apr 63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/19/1963	23c. NAME OF CEMETERY OR CREMATORY Germantown cemetery	23d. LOCATION (City, town, or county) (State) Montrose Mo

24. FUNERAL DIRECTOR Sickman & Dunning F H	ADDRESS Clinton, Mo	25. DATE RECD. BY LOCAL REG. 4-19-63	26. REGISTRAR'S SIGNATURE <i>Chas. Abney</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
VS 300 Rev. 4/59
0930
0420
3
4 0
5 1
6
7 0
8 2
9 153.8
10
11
12 1-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

ITEM NO.

BY AFFIDAVIT OF **W. H. ELLETT, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

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 *R. P. Dunning*

Licensed Embalmer No. 4210

P. O. Address Clinton 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.