

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-023007

STATE FILE NUMBER

Registration District No. 6225 Registrar's No. 93

DO NOT WRITE ON THIS STUB
AMENDED

VS 300
Rev. 4/59

1 108A

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Vernon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri		Length of stay in 1b 8mos./17days	c. CITY OR TOWN Webb City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #3		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 117 So. Pennsylvania Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Roy Middle J. Last Teel			4. DATE OF DEATH Month 6 Day 3 Year 1963				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/9/1888	9. AGE (last birthday) 75yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Druggist		10b. KIND OF BUSINESS OR INDUSTRY Drugs		11. BIRTHPLACE (City and state or country) Unknown	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Elsie Teel			
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. [REDACTED]	17. INFORMANT Address Hospital records, Nevada, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH 5 days		
IMMEDIATE CAUSE (a) Cerebro-Vascular Accident							
DUE TO (b) Arteriosclerosis					yrs.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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"/> No <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. 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. attended the deceased from 9/17/62 to 6/3/63 and last saw her/him alive on 6/2/63 I viewed the remains at 4:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Hilda Murgisha M.F.</i> (Degree or title)				22b. ADDRESS		22c. DATE SIGNED 6/3/63	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 6-3-63	23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) Webb City, Missouri		(State)
24. FUNERAL DIRECTOR Johnston-Simpson Funeral Home Address Webb City, Missouri			25. DATE RECD. BY LOCAL REG. 6-8-1963	26. REGISTRAR'S SIGNATURE <i>Anna J. Perry</i>			

SEP 11 1963

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 Ray E. Ireland

Licensed Embalmer No. 5052

P. O. Address Peoria, 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.