

FILED NOV 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34297

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 276

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia Mo
(c) Name of hospital or institution: Ellis Fischel Hospital
(d) Length of stay: In hospital or institution 27 days
In this community years, months or days

3. (a) PRINT FULL NAME Orna A. Teel

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased DEC 7 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 0 If less than one day — hr. — min.

9. Birthplace Monett (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmet

11. Industry or business Farming

12. Name Robert Teel

13. Birthplace Tenn (City, town, or county) (State or foreign country)

14. Maiden name Celina Worthington

15. Birthplace Monett (City, town, or county) (State or foreign country)

16. (a) Informant Hosp. Record

(b) Address Ellis Fischel Hospital, Columbia, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City Mo

18. (a) Signature of funeral director Frank Lee

(b) Address Appleton City Mo

19. (a) 10/8/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Clair
(c) City or town Appleton City
(d) Street No. —
(e) If foreign born, how long in U. S. A. — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7 year 1941 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from 8-11-41, 1941, to 10-7-41, 1941 that I last saw him alive on 10-7-41, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia multiple lung abscesses
Due to Carcinoma of lower lip
Due to —

Duration
3 da
2 wks
3 yrs

Other conditions (Includes pregnancy within 3 months of death) 45a

Major findings: Of operations —

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work? (Specify type of place) (a) Means of injury —

23. Signature Joe M. Taylor (M. D. or other) M.D.
Address Ellis Fischel Hosp. Date signed 10-8-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

200

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.....

The body was not embalmed

Registered Apprentice No.

working under my personal supervision.

Signed.....

Frank Lee

Licensed Embalmer No. *1099*

P. O. Address.....

Appleton 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 this body is not embalmed, fact should be so stated above.