

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0046805

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 6137 Registrar's No. 17

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 6 1967

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Shannon</u>		a. STATE <u>Mo</u> b. COUNTY <u>SHANNON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Winona</u>		c. CITY OR TOWN <u>Winona</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at Home - 4 miles East</u>		d. STREET ADDRESS (If outside, give location) <u>4 miles East</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Benjiman HARRISON Teague</u>		4. DATE OF DEATH Month Day Year <u>Nov 26, 1967</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-25-1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Calif.</u>
13a. FATHER'S NAME <u>Isaac Teague</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Stevenson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Lottie Teague - Winona, Mo.</u>	
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 <u>10 MIN.</u>	
IMMEDIATE CAUSE (a) <u>CEREBRAL HEMORRHAGE</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS (ATHEROSCLEROSIS)</u>			
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 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
POST MORTEM - ON INFORMATION ONLY			
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at _____ P. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Denton Wilson, M.D. - County Coroner</u>		22b. ADDRESS <u>Eminence, Mo.</u>	22c. DATE SIGNED <u>11-30-67</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-28-67</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bethany Chapel</u>	23d. LOCATION (City, town, or county) (State) <u>Eminence Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>CLARY Funeral Home - Winona, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-5-1967</u>	26. REGISTRAR'S SIGNATURE <u>Mark Green</u>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

VS 300 Rev. 4/59
1 1010
2 1010
3
4 0
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7 1
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9 331X
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12 90-3
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

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29. 07 03.14

STATEMENT BY LICENSED EMBALMER
CEREBRAL HEMORRHAGE
ID MIN

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 Ernest E. Glary

Licensed Embalmer No. 5118

P. O. Address Winona, Mo.
FIRST PART - ON INFORMATION ONLY

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.

11-3-11