

## FILED APR 7 1949 STANDARD CERTIFICATE OF DEATH

State File No. 9260

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>5787</u>		Registrar's No. <u>357</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston-Rural-Tywappity</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route 3 8 mi North</u>			
3. NAME OF DECEASED a. (First) <u>Calvin</u> b. (Middle) <u>(Not known)</u> c. (Last) <u>Terrell</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 29 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Not Known</u> About <u>65</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME _____			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE <u>Dora Terrell (deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>John F. Humelee</u> ADDRESS <u>Charleston, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exposure and freezing</u>  ANTECEDENT CAUSES DUE TO (b) <u>Wading and walking on thin ice near his home, finally becoming exhausted, all this occurring in 10 above zero weather.</u>  II. OTHER SIGNIFICANT CONDITIONS <u>Death came to this old man within shouting distance of other tenant farmers but they</u>  Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5032</u> <u>29</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>refused to risk their lives to aid. His goal was Home, was turning very cold</u>				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Charleston Mississippi Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 29 1949 4Pm.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>067</u> <u>Exhaustion</u>			
22. I hereby certify that I attended the deceased from <u>AS CORONER</u> , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John F. Humelee</u> (Degree or title) <u>CORONER</u>				23b. ADDRESS <u>CHARLESTON, MISSOURI</u>		23c. DATE SIGNED <u>3/26/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/31/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove-Charleston, Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/26/1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. John Bondurant</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John F. Humelee</u>		ADDRESS <u>Charleston, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

not reply to my letters.

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

John F. Humelee

RECEIVED

District Health Office No. 2,

District File Number 449-453

Date Filed 4-4-49

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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

*Not Embalmed*  
Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.