

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 14781

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5039 Registrar's No. 40

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

1. PLACE OF DEATH a. COUNTY <u>Barry Co. At Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>R.R.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gerald</u> b. (Middle) <u>Carter</u> c. (Last) <u>Terry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 6 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>May-26-1922</u>		9. AGE (In years last birthday) <u>26</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-Trucker</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Purdy Missouri</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Eli C. Terry</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ella Buchanan</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy M. Terry</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>		16. SOCIAL SECURITY NO. <u>486-24-1503</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dorothy M. Terry - Purdy 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lympho-sarcoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12yr</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1-1 1948 to 5-6 1949, that I last saw the deceased alive on 5-6 1949 and that death occurred at 2:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Baldwin D.O.</u> (Degree or title)		23b. ADDRESS <u>Purdy Mo</u>		23c. DATE SIGNED <u>May 9 1949</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 11 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arnhart Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>East of Purdy Barry Co. Mo.</u>		24e. REGISTRATION BY LOCAL REG. <u>May 13-1949</u>		24f. REGISTRAR'S SIGNATURE <u>Grace Williams</u>	
24g. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett</u>		24h. ADDRESS <u>Warrington Funeral Home</u>			

RECEIVED

District Health Officer No. 6,

District File Number 549-604

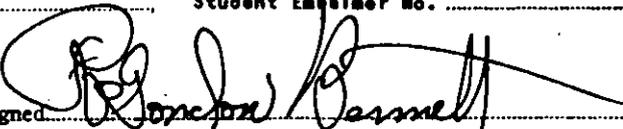
Date Filed 5-23-49

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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.

Signed 

Signed.....
Student Embalmer

Licensed Embalmer No. 4218

P. O. Address Monett, Missouri

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.