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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18557

State File No.

FILED JUL 11 1949

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 4026 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Barry</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) <u>Purdy</u>		c. LENGTH OF STAY (In this place) <u>65 years</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Purdy</u>		d. STREET ADDRESS (If rural, give location) <u>East of Purdy</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Willard</u> b. (Middle) <u>Fillmore</u> c. (Last) <u>Terry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-14-1949</u>		
5. SEX <u>(Male)</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	
8. DATE OF BIRTH <u>Jan. 20 - 1855</u>		9. AGE (In years last birthday) <u>94</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>28</u> IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		10. BIRTHPLACE (State or foreign country) <u>Arkansas</u>
11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Martin Terry</u>		13b. MOTHER'S MAIDEN NAME <u>Mark Ann Reed</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Ellen Terry</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred Terry</u> ADDRESS <u>Monett Route</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>locomotor ataxia</u> ANTECEDENT CAUSES <u>depression</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>1 Mo</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from July 13, 1936, to June 14, 1949, that I last saw the deceased alive on June 11, 1949, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Baldwin M.D.</u>		23b. ADDRESS <u>Purdy Mo</u>		23c. DATE SIGNED <u>6-30-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 17</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arnhart</u>		24d. LOCATION (City, town, or county) (State) <u>East of Purdy</u>	
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DATE REC'D BY LOCAL REG. <u>7-1-49</u>		REGISTRAR'S SIGNATURE <u>W.M. West</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett + Wormington</u> ADDRESS <u>Funeral Home</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 749-736

Date Filed 7-2-49

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.

Signed.....

W. Gordon Bennett

Signed.....

Student Embalmer

Licensed Embalmer No.

4213

P. O. Address.....

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