

FILED OCT 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29756

BIRTH NO. 2853-49 REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5354 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give town) Rural		c. CITY (If outside corporate limits, write RURAL and give township) 37 OR TOWN Springfield	
c. LENGTH OF STAY (in this place) Trans		d. STREET ADDRESS (If rural, give location) Grand View Apts. 1 Rural Route #10,	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION U.S. Highway # 65			

3. NAME OF DECEASED (Type or Print) a. (First) Tommy b. (Middle) Andrew c. (Last) Terrill			4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 17, 1949	9. AGE (In years last birthday) 7	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 18
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Macon, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James H. <del>Charles</del> Terrill	13b. MOTHER'S MAIDEN NAME Elizabeth Andrews	14. NAME OF HUSBAND OR WIFE X
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Charles Terrill	ADDRESS Springfield, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH  E 8166 210
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, cerebral		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured skull DUE TO (c) automobile accident		
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 type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE Accident (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) US highway 65	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dallas MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 5 1949 8:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR automobile accident collision with a milk truck
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE A. Griffin (Degree or title)	23b. ADDRESS Buffalo Mo	23c. DATE SIGNED 13 Sept 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Macon, Mo.
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DATE REC'D BY LOCAL REG. 10/1/49	REGISTRAR'S SIGNATURE Mrs. J. B. James	80	25. FUNERAL DIRECTOR'S SIGNATURE H. H. Lohmeyer	ADDRESS Springfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

36  
76  
6

W/Alm 20 1951  
APR 12 1951

RECEIVED

District Health Officer No. 7,

District File Number 9-49-1183

Date Filed 10-3-49

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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

Signed

*Gen. Lohmeyer*

Licensed Embalmer No. 4934

P. O. Address Springfield, 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.