S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 28 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39904

BIRTH NO. _____ REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 61128 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ILLMO
c. LENGTH OF STAY (in this place): 47 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AT HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ILLMO
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): EDITH
b. (Middle): ELAINE
c. (Last): TERRY

4. DATE OF DEATH (Month) (Day) (Year): NOV 16 1949

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: JUNE 19, 1867
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 4, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): TEXAS
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: TOM RAINWATER
13b. MOTHER'S MAIDEN NAME: DONT KNOW
14. NAME OF HUSBAND OR WIFE: WILLIAM TERRY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Bill Terry — ADDRESS: Illmo Mo

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): Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senile Dementia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: ✓ — 794X

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1947, *to* Nov. 16, 1949, *that I last saw the deceased alive on* Nov. 16, 1949, *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fred W. Martin D.O.
23b. ADDRESS: Illmo Mo
23c. DATE SIGNED: Nov. 18-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV 18, 1949
24c. NAME OF CEMETERY OR CREMATORY: LIGHTNER
24d. LOCATION (City, town, or county) (State): ILLMO. MO

DATE REC'D BY LOCAL REG.: 11-19-49
REGISTRAR'S SIGNATURE: T. F. Dorman — 300 D
25. FUNERAL DIRECTOR'S SIGNATURE: Brazeling Hoff Funeral Home — ADDRESS: Illmo Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 21 196
District Health Office
District File Number 1149-
Date Filed

VS AUG 23 1961

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 _____
Student Embalmer

Signed Oliver C. Amick

Licensed Embalmer No. 4470

P. O. Address Elsmo 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.