

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8225

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3026 Registrar's No. 43

036

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bland</u> <u>0370</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u> b. (Middle) <u>Jane</u> c. (Last) <u>Terrill</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>3</u> <u>1950</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>8-20-1882</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Rolla, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Jacob Hawkins</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Jones</u>		14. NAME OF HUSBAND OR WIFE <u>George W. Terrill</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>***</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Terrill</u> ADDRESS <u>Owensville, 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		INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular renal syndrome</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. <u>None</u>		442X	

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) _____	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 Dec. 2, 1949, to 4-3, 1950, that I last saw the deceased alive on 4-3, 1950, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul Brenner, M.D.</u>		23b. ADDRESS <u>Owensville, Mo.</u>		23c. DATE SIGNED <u>4-4-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-8-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grove Dale</u>	24d. LOCATION (City, town, or county) (State) <u>(South) Bland Mo.</u>		
DATE REC'D BY LOCAL REG. <u>April 7, 1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	99	25. FUNERAL DIRECTOR'S SIGNATURE <u>Melford N. N. White</u> ADDRESS <u>OWENSVILLE</u>		

RECEIVED APR 9 1960
District Health Officer No. 9,
District File Number-----

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 ML

Student Embalmer No.

working under my personal supervision.

Signed.....

Melford N N White

Signed.....
Student Embalmer

Licensed Embalmer No.....3838.....

P. O. Address Owensville, 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.