

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17469

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 4319 Registrar's No. 12

630

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

1. PLACE OF DEATH a. COUNTY MARIES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MARIES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: BELLE		c. LENGTH OF STAY (In this place) 23 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: BELLE
d. FULL NAME OF HOSPITAL OR INSTITUTION: family home		d. STREET ADDRESS (If rural, give location): 0	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle) WILLIAM	c. (Last) TERRILL	4. DATE OF DEATH (Month) (Day) (Year) May 21 - 1950
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED (Specify)	8. DATE OF BIRTH AUG 27th - 1867
9. AGE (In years last birthday) 82	10. UNDER 1 YEAR (Months) 8	11. UNDER 1 YEAR (Days) 24	12. UNDER 1 YEAR (Hours) Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LAWYER		10b. KIND OF BUSINESS OR INDUSTRY: private practice	11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME: JACKSON TERRILL		13b. MOTHER'S MAIDEN NAME: KATHERINE MORELAND	14. NAME OF HUSBAND OR WIFE: OMAA HECK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MR. DEWITT TERRILL BELLE, 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, asthma, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Throat ANTECEDENT CAUSES. Cancer of Throat 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.		INTERVAL BETWEEN ONSET AND DEATH: 148X
19a. DATE OF OPERATION: April 1949	19b. MAJOR FINDINGS OF OPERATION: Cancer		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	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) no	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from April 4, 1948 to May 20, 1950 , that I last saw the deceased alive on May 21, 1950 and that death occurred at 9:00 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) O. J. Jones O. M. D.		23b. ADDRESS Belle, Mo.	23c. DATE SIGNED May 23/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/23/50	24c. NAME OF CEMETERY OR CREMATORY GROVE DALE CEMETERY	24d. LOCATION (City, town, or county) (State) MARIES COUNTY MISSOURI
DATE REC'D BY LOCAL REG. 5-22-50	REGISTRAR'S SIGNATURE Pauline Howard	188	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Seasmann's Funeral Service - Belle

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 27 1950
District Health Officer No. 9
District File Number

JUN 7
1950

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 *Chester Bassman* _____

Licensed Embalmer No. *4178* _____

P. O. Address *Blair - 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.