

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19198**

BIRTH NO. **32381-00** REG. DIST. NO. **373** PRIMARY REG. DIST. NO. **6268** Registrar's No. **30**

1. PLACE OF DEATH a. COUNTY Webster		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) Piangua Township		c. CITY (If outside corporate limits, write RURAL and give township) Piangua township	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) R-1 Marshfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Timmie b. (Middle) Gene c. (Last) Terry	4. DATE OF DEATH (Month) (Day) (Year) Apr. 6, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) not married	8. DATE OF BIRTH Apr. 6, 1950	9. AGE (in years last birthday) 2 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Marshfield Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Russell E. Terry	13b. MOTHER'S MAIDEN NAME Handa Bright	14. NAME OF HUSBAND OR WIFE None
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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. None	17. INFORMANT'S SIGNATURE OR NAME Russell Terry	ADDRESS Marshfield
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth		INTERVAL BETWEEN ONSET AND DEATH 24 wks Gestation
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown		
	DUE TO (c)		
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 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) (Min.)	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 19 to April 6, 1950, that I last saw the deceased alive on April 6, 1950, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C.P. Macdonald, M.D.	23b. ADDRESS Marshfield, Mo.	23c. DATE SIGNED 4/6/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) buried	24b. DATE 4-6-50	24c. NAME OF CEMETERY OR CREMATORY Marshfield	24d. LOCATION (City, town, or county) (State) Marshfield, Mo.
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DATE REC'D BY LOCAL REG. May 17-1950	REGISTRAR'S SIGNATURE J. Francis	25. FUNERAL DIRECTOR'S SIGNATURE Arthur Bruce	ADDRESS Marshfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 20 1950
District Health Office No. 6,
District File Number 550-589
Date Filed 5-20-50

Body was not Embalmed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.