

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20504

State File No.

2407

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>29 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>1302 East 62nd Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph's Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Blanche</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>TERRY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 27 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>Jan 7, 1885</u>	9. AGE (In years last birthday) <u>65</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 Wks. Hours _____ Min. _____
----------------------	-------------------------------	---	-------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Topeka, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>William Simmons</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ashcraft</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Terry</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Terry</u>	ADDRESS <u>1302 East 62nd St.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> <u>year</u> <u>1 year</u> <u>2520</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure acute</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) <u>Toxic thyroid</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION <u>none</u>	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) (Min.) _____	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 5-27-50 to May 27, 1950, that I last saw the deceased alive on 5-27, 1950, and that death occurred at 5:15 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. Skinner MD</u>	23b. ADDRESS <u>1102 Grand KPMO</u>	23c. DATE SIGNED <u>5-28-50</u>
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL, ENTOMBMENT (Specify) _____	24b. DATE <u>May 29, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>5-29-50</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons Kansas City</u>
---	---	--

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

Dr. J. J. Skinner
St. Joseph Hospital

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.....

Robert Ray

Signed.....
Student Embalmer

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.