

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 28 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5760 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Fabius</u>		c. LENGTH OF STAY (In this place) <u>34 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Fabius Township</u>		d. STREET ADDRESS (If rural, give location) <u>Fabius Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fabius Township</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Mitchell</u> c. (Last) <u>Terrill</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 11 1950</u>
--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>June 23, 1863</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Monroe County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>John S. Mitchell</u>	13b. MOTHER'S MAIDEN NAME <u>Sophia A. Newton</u>	14. NAME OF HUSBAND OR WIFE <u>James W. Terrill</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. E. Frederick, Palmyra, Mo.</u>	ADDRESS
---	--	---	---------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1-2 hours</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Thrombosis of the leg veins</u>		
	DUE TO (c) <u>Fractured leg</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>#</u>			

19a. DATE OF OPERATION <u>7-14-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fracture of the rt. hip</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
---------------------------------------	---	---

21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marion Mo.</u>
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 7 1950 5a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell in the home on a rug</u>
--	--	---

22. I hereby certify that I attended the deceased from July 1950, to Aug 6, 1950, that I last saw the deceased alive on Aug 6, 1950, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wyneth Hamilton M.D.</u>	23b. ADDRESS <u>Palmyra Mo.</u>	23c. DATE SIGNED <u>21 Aug 1950</u>
--	---------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/14/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Philadelphia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Philadelphia, Mo.</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>8/21/50</u>	REGISTRAR'S SIGNATURE <u>By Viola Lee, Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Levin's Sons</u>	ADDRESS <u>Palmyra, Mo.</u>
---	---	--	-----------------------------

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

640  
1

RECEIVED AUG 25 1950  
MARION CO. HEALTH DEPT.  
DATE FILED AUG 26 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 \_\_\_\_\_

*Reop. Lewis*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 7387

P. O. Address Palmyra - 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.