

FILED SEP 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27805
State File No.

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana</u> <u>1821</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>113 1/2 Water St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Austin</u> c. (Last) <u>Terrell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 23 1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>12-5-1875</u>
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Button Factory</u>	11. BIRTHPLACE (State or foreign country) <u>Fairmont Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Daniel Terrell</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Dunlap</u>	14. NAME OF HUSBAND OR WIFE <u>Betty Terrell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-07-0789</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Betty Terrell, Stratton, Ill.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</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>Severe MALNUTRITION</u>	
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 <u>8-16</u> , 19 <u>50</u> , to <u>8-23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-23</u> , 19 <u>50</u> and that death occurred at <u>7:40 A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L.R. Johnson Jr. MD</u>		23b. ADDRESS <u>LOUISIANA, Mo</u>	23c. DATE SIGNED <u>8-23-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 24, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery Louisiana, Mo.</u>
24d. LOCATION (City, town, or county) (State) <u>Louisiana, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Haley Mortuary, Louisiana, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 24, 1950</u>		REGISTRAR'S SIGNATURE <u>Berniece Collier</u>	

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

SEP 17 1958

Date Received: SEP 5 1958
DISTRICT HEALTH OFFICE #
District File Number 9-50
Date Filed: SEP 7 1958

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.

Student _____
Student Embalmer

Signed Geo. W. Callier
Licensed Embalmer No. 3839
P. O. Address Louisiana, W

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.