

FILED SEP 20 1950

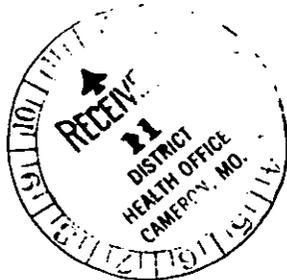
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30155**

0400  
1

BIRTH NO. _____		REG. DIST. NO. <b>132</b>		PRIMARY REG. DIST. NO. <b>5479</b>		Registrar's No. <b>103</b>	
1. PLACE OF DEATH <i>Missouri</i> a. COUNTY <i>Brandy</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <i>Missouri</i> b. COUNTY <i>Brandy</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Brinson</i>		c. LENGTH OF STAY (in this place) <i>2 yrs 9 mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Brinson</i>		<i>0400</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>None</i>				d. STREET ADDRESS (If rural, give location) <i>None</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Charles</i> b. (Middle) <i>Clinton</i> c. (Last) <i>Terhune</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>7-26-1950</i>				
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>1-6-1884</i>		9. AGE (in years last birthday) <i>66</i>	IF UNDER 1 YEAR Months <i>6</i> Days <i>20</i>	IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. BIRTHPLACE (State or foreign country) <i>Harrison Co Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>James Peterson Terhune</i>		13b. MOTHER'S MAIDEN NAME <i>Cordelia Terhune</i>		14. NAME OF HUSBAND OR WIFE <i>Della Terhune</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Della Terhune Brinson Mo</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Insufficiency</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Glomerular Nephritis</i> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <i>592X</i>					INTERVAL BETWEEN ONSET AND DEATH  <i>307 1/2 yrs</i>
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>May 1, 1950</i> , to <i>July 26, 1950</i> , that I last saw the deceased alive on <i>July 20, 1950</i> , and that death occurred at <i>6:00 P. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>H. Cullers M.D.</i>				23b. ADDRESS <i>Trenton Mo</i>		23c. DATE SIGNED <i>7-27-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>7-28-1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>W. Pleasant No 1</i>		24d. LOCATION (City, town, or county) (State) <i>North west of Brinson Mo</i>		
DATE REC'D BY LOCAL REG. <i>7-28-50</i>		REGISTRAR'S SIGNATURE <i>Gene Fair</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>W. D. Haines, Brinson Mo</i>			

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



SEP 20 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.....

*W. D. Haines*

working under my personal supervision.

Student Embalmer No.....

Signed *W. D. Haines*

Signed.....  
Student Embalmer

Licensed Embalmer No. *942*

P. O. Address *Belleville, 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.