

FILED FEB 6 1951

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2214

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>525 S. Ault</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Chasley</u> b. (Middle) <u>Elmer</u> c. (Last) <u>TERPENNING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 18 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 4 1887</u>
9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>-</u>	IF UNDER 1 YEAR Days <u>14</u>	IF UNDER 24 Hrs. Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash</u>	
11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Marvin Terpenning</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Robinson</u>	14. NAME OF HUSBAND OR WIFE <u>Martha</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>703-01-1446</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Martha Terpenning</u> ADDRESS <u>Moberly</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>30 minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS, acute</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> <u>4-5 yrs</u> DUE TO (c) _____ <u>120</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Internal Hemorrhage -&gt; ANEMIA</u>		<u>6 mos</u>	

19a. DATE OF OPERATION <u>No</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	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 July 14, 1951, to Jan 18, 1951, that I last saw the deceased alive on Jan 18, 1951, and that death occurred at 10:45 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry K Barker M.D.</u>	23b. ADDRESS <u>Wabash Employer Hospital</u>	23c. DATE SIGNED <u>Jan 15 '51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Jan 20-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>
24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo</u>		

DATE REC'D BY LOCAL REG. <u>Jan 20-51</u>	REGISTRAR'S SIGNATURE <u>Paul Bellique</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son</u> ADDRESS <u>Moberly Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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FEB 9 1951

Date Received: JAN 22 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 1-57-2  
Date Filed: FEB 5 1951

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 *Frank D. DeWitt* .....

Licensed Embalmer No. *3021* .....

P. O. Address *Moberly, 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.