

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5334
State File No.

FILED MAR 8 1951
0630

BIRTH NO. ... REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 4319 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Osage Mdries</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY OR TOWN <u>Belle</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belle</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>0630</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Belle Mo</u>			

3. NAME OF DECEASED a. (First) <u>Susan</u> b. (Middle) <u>Belle</u> c. (Last) <u>Terrill</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-16-1951</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>August 27/7/1918</u>		9. AGE (In years last birthday) <u>32</u>		10. MONTHS <u>3</u> DAYS <u>19</u> HOURS <u></u> MIN. <u></u>
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 <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Belle Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				

13a. FATHER'S NAME <u>A.O. Bledsoe</u>		13b. MOTHER'S MAIDEN NAME <u>Mintha Oliver</u>		14. NAME OF HUSBAND OR WIFE <u>Gussie Terrill</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gussie Terrill - Belle Mo</u> ADDRESS <u>Belle Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Chronic Nephritis</u>		DUE TO (b) <u>Disseminated Lupus</u>		<u>4 yrs.</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		<u>10 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>592X</u>
19a. DATE OF OPERATION		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)	
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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?	
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22. I hereby certify that I attended the deceased from 2/2, 1951, to 2/16, 1951, that I last saw the deceased alive on 2/16, 1951, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R.H. Schweinhild</u> (Degree or title)		23b. ADDRESS <u>Belle Mo</u>		23c. DATE SIGNED <u>2/17/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-18-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Belle Mo</u>	

DATE REC'D BY LOCAL REG. <u>2-24-51</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clude Norton</u> ADDRESS <u>Linn Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

X-

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 5 1951

RECEIVED

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.....
Student Embalmer

Signed... *Vernon M. Merton*

Licensed Embalmer No. *#125*

P. O. Address *Linn, 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.