

FILED MAY 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 15599
128

BIRTH NO. REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain		
b. CITY (If outside corporate limits, write RURAL and give township) Columbia		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Farber		0040
d. FULL NAME OF HOSPITAL OR INSTITUTION: Boone Co. Hospital			d. STREET ADDRESS (If rural, give location) 1		

3. NAME OF DECEASED (Type or Print) Floyd	a. (First)	b. (Middle) William	c. (Last) Terry	4. DATE OF DEATH May 3 1951	(Month) (Day) (Year)
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 23, 1904	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR 4	IF UNDER 24 HRS. 10
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) brick wheeler	10b. KIND OF BUSINESS OR INDUSTRY N. Mo. Refract.	11. BIRTHPLACE (State or foreign country) Deep Water, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank Terry	13b. MOTHER'S MAIDEN NAME Alice Greenfield	14. NAME OF HUSBAND OR WIFE Beulah Madelaine Terry
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 493-07-0064	17. INFORMANT'S SIGNATURE OR NAME Alice Kampeter Farber	ADDRESS Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Stroke 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) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 68254 33
	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. Shock		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Highway 40 Mo	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Columbia Boone Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-3-51	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car impact

22. I hereby certify that I attended the deceased from coroner's report, 19, to report, 19, that I last saw the deceased alive on 19, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE Harry M. Griffith, M.D.	(Degree or title)	23b. ADDRESS Columbia Mo	23c. DATE SIGNED 5-18-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 6, 1951	24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery	24d. LOCATION (City, town, or county) (State) Farber Missouri
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DATE REC'D BY LOCAL REG. May 12 1951	REGISTRAR'S SIGNATURE Mrs R E Palmer	31	25. FUNERAL DIRECTOR'S SIGNATURE H. S. Peters	ADDRESS Vandalia Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

105
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RECEIVED 5-15-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-15-51

AUG 21 1951

MAY 28 1951

MAY 24 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Ann B. Waters

Signed.....
Student Embalmer

Licensed Embalmer No. 4169

P. O. Address Waukegan, Ill.

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.

1951
Affidavits containing erasures will not be accepted; draw one line through error and write above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of MISSOURI }
County of AUDRAIN } ss.

State File No. 15599
Local Registrar's No. 128

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 5TH day of JUNE, 19451, before me appears Alice Lee Kampeter, who, upon her oath, states that the original record of her death for Floyd William Terry ^{died} ~~born~~ May 3, 1951 in the State of Missouri, and which was filed at on 5/16, 1951 should be corrected as follows:

- Item No. 24C should read FARBER CEMETERY
Instead of VANDALIA CEMETERY
- Item No. 24D should read FARBER, MISSOURI
Instead of VANDALIA, MISSOURI
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Alice Lee Kampeter, Daughter
Relationship.

Farber, Missouri
Present Address.

Subscribed and sworn to before me this 5th. day of June, 1951.

My Commission expires 9/5/51 [Signature] Notary Public.

111
d.

JUN 7 1961