.S. No. 300
EV. 10.48

1100

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

FILED DEC 31 1951

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43879

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536 Registrar's No. 79

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potosi
c. LENGTH OF STAY (in this place): 60yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potosi
d. STREET ADDRESS (If rural, give location):

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3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Thomas
c. (Last): Terrill

4. DATE OF DEATH (Month) (Day) (Year): 12 18 1951

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 9-2-1862
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 3, Days 18, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales men retired
10b. KIND OF BUSINESS OR INDUSTRY: Grocey
11. BIRTHPLACE (State or foreign country): Iron County. Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Terrill
13b. MOTHER'S MAIDEN NAME: SusieAnn CousionBerry
14. NAME OF HUSBAND OR WIFE: Adelia Terrill. Deaeased

15. WAS DECEASED EVER IN U.S. ARMEDFORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Pearl Rose FLora. Ill
ADDRESS:

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion —

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☐

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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Never, 19__, *to* _____, 19__, *that I last saw the deceased alive on* Never, 19__, *and that death occurred at* 2 a' m., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph L. Thurman (Degree or title) M. D. Coroner
23b. ADDRESS Potosi, Mo
23c. DATE SIGNED 12-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-23-1951
24c. NAME OF CEMETERY OR CREMATORY: HopeWell Cemetery
24d. LOCATION (City, town, or county) (State): HopeWell. Mo

DATE REC'D BY LOCAL REG.: 12/22/51
REGISTRAR'S SIGNATURE: Helen Kendall
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: SMITH & HIGGINBOTHAM.F.H.POTOSI.MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 27 1951
WASH. COUNTY HEALTH DEPT.
File No. 1251-272

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 Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.