

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31968

State File No.

5. No. 300
10. 48

OCT 17 1952

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>373</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JACKSON</u>			
b. CITY OR TOWN <u>INDEPENDENCE</u>		c. LENGTH OF STAY (In this place) <u>5</u>		c. CITY OR TOWN <u>KANSAS CITY</u> <u>3098</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>INDEPENDENCE SAOIT</u>				d. STREET ADDRESS (If rural, give location) <u>3609 LEXINGTON ST</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>STEPHEN</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>TERRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26</u> <u>52</u>				
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>1</u>		8. DATE OF BIRTH <u>12/4/46</u>	
9. AGE (In years last birthday) <u>5</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>INDEPENDENCE MO</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>INDEPENDENCE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>WILLIAM H. TERRY</u>			
13a. FATHER'S NAME <u>WILLIAM H. TERRY</u>		13b. MOTHER'S MAIDEN NAME <u>ROSE GOODEN</u>		14. NAME OF HUSBAND OR WIFE <u>TOM</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Rose Terry</u> ADDRESS <u>148 E. MO</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcoma</u> INTERVAL BETWEEN ONSET AND DEATH <u>about 2 months</u> 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. <u>2001</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Lymphosarcoma grossly distributed thru abdomen</u>					
20. AUTOPSY? YES <input checked="" 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) _____		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 <u>7</u> , 19 <u>52</u> , to <u>9-26</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-26</u> , 19 <u>52</u> , and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Seymour J. Krause</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1210 So. Ash, Independence, Mo</u>		23c. DATE SIGNED <u>9-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9/29/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT WASHINGTON</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>	
DATE REC'D BY LOCAL REG. <u>9-29-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SHEIL'S, KCMO</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

0485

OCT 22 1952

Funeral Home
of the
Smyth Ave.

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 _____

Licensed Embalmer No. John P. Shue

P. O. Address 3625

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.