

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13768

State File No. _____

FILED MAY 7 1953

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1007 Wayne St.		d. STREET ADDRESS (If rural, give location) 1007 Wayne St.	
3. NAME OF DECEASED (Type or Print) a. (First) Arther b. (Middle) _____ c. (Last) Terry			4. DATE OF DEATH (Month) (Day) (Year) Apr. 24-1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 3rd, 1882
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 21 Days 21	IF UNDER 1 HR. Hours 12 Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) McNary County Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Bennett Terry		13b. MOTHER'S MAIDEN NAME Harriet Reed	14. NAME OF HUSBAND OR WIFE Amanda Terry
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Terry 310 Madison Kennett Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis ANTECEDENT CAUSES DUE TO (b) Nephritis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Bacterial pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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) m.	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 1 pm , 19 53 , to 2:40 pm , 19 53 , that I last saw the deceased alive on 24 Apr , 19 53 , and that death occurred at 7:15 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Earl Terry M.D.		23b. ADDRESS Kennett Mo.	23c. DATE SIGNED 27 Apr 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-26-53	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Kennett Mo.
DATE REC'D BY LOCAL REG. 5-2-1953	REGISTRAR'S SIGNATURE Earl Terry	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leitz Service Kennett Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 5-6-53
COUNTY FILE NUMBER 553 - 113

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 Edgar B. Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.