

STANDARD CERTIFICATE OF DEATH

State File No. **20553**

FILED JUN 9 1953 REG. DIST. NO. **371** PRIMARY REG. DIST. NO. **6259** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY <u>Webster</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, East Benton</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u> c. CITY OR TOWN <u>Rural, East Benton</u> d. STREET ADDRESS (If rural, give location) <u>1120</u>	
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3. NAME OF DECEASED a. (First) <u>NELLIE</u> b. (Middle) <u>LEOTA</u> c. (Last) <u>TERRILL</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>May 30 1953</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>June 14, 1895</u>	9. AGE (In years last birthday) <u>57</u>	10. MONTHS IF UNDER 1 YEAR	11. YEARS IF UNDER 24 HRS.	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Andrew J. Terrill</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Wright</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. RENA BREEDHOVE FORDLAND, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
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) <u>Cancer of Liver</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Cancer of Breast</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No further</u>	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) <u>170X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 May 2, 1953, to May 31, 1953, that I last saw the deceased alive on May 27, 1953, and that death occurred at 5:50 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. K. Terrill</u> (Degree or title) <u>Do.</u>	23b. ADDRESS <u>Fordland, Mo.</u>	23c. DATE SIGNED <u>6/1/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 1, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Center Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Webster Co., Missouri</u>
DATE REC'D BY LOCAL REG. <u>6-1-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. K. Terrill Fordland, Mo.</u>	

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

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.....

W. K. Ferrell

Signed.....
Student Embalmer

Licensed Embalmer No. *4910*

P. O. Address *Ladland 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.