

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 770L Registrar's No. 101

780
1

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

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Littel River</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Little River</u>	
c. LENGTH OF STAY (In this place) <u>53 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route 1</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEW USAS 0780</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adolph</u>		b. (Middle) <u>Ernest</u>	
c. (Last) <u>Terock</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 10, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 10, 1880</u>
9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 12 HRS: Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Nebraska</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Febbie Terock</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>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Febbie Terock</u>		ADDRESS <u>R. 1 Wardell, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>	
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) (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 <u>Nov. 1949</u> , to <u>6-10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-10</u> , 19 <u>53</u> , and that death occurred at <u>11 A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. Claude Chastain</u>		23b. ADDRESS <u>Wardell, Mo.</u>	
23c. DATE SIGNED <u>6-12-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>6-12-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wardell Memorial</u>	
24d. LOCATION (City, town, or county) (State) <u>Wardell, Mo.</u>		DATE REC'D BY LOCAL REG. <u>6-18-53</u>	
REGISTRAR'S SIGNATURE <u>John W. Luman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jimmy Osburn</u>	
ADDRESS <u>Wardell, Mo.</u>		ADDRESS <u>Wardell, Mo.</u>	

6-210-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUN 20 1953

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.....
Student Embalmer

Signed *James A. Palmer*
Licensed Embalmer No. 4185
P. O. Address Wardell, 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.