

FILED NOV 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33141

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1172

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>12 years</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>512 Faraon St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ben</u> b. (Middle) <u>M.</u> c. (Last) <u>Terhune</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 2, 1954</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>April 17, 1875</u>	9. AGE (In years last birthday) <u>79</u> if UNDER 1 YEAR: Months _____ Days _____ if UNDER 1 HR. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. accountant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Mound City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>George P. Terhune</u>		13b. MOTHER'S MAIDEN NAME <u>Frances unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Hadasah</u>	
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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 <u>Mrs. R. E. Cottier, 2221 Faraon, St. Joseph, Mo.</u>		ADDRESS <u>St. Joseph, Mo.</u>	
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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 Artery Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis over 1 yr</u>					
		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 <u>4/201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 9-9, 1941, to 10-29, 1954, that I last saw the deceased alive on 10-29, 1954, and that death occurred at 11:55a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clifford Smith MD</u>		23b. ADDRESS <u>218 707 St. Joseph, Mo.</u>		23c. DATE SIGNED <u>11/11/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11/4/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mound City, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Nov 10, 1954</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		485		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heston-Brown</u>		ADDRESS <u>St. Joseph, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. Clayton Driscoll

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 Billie C. Gonder....., Student Embalmer No. 570..... working under my personal supervision..

Student Billie C. Gonder.....
Signature of Student Embalmer

Signed William Spading.....
Licensed Embalmer No. 453

P. O. Address 3195 10th St

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.