

FILED FEB 1 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 403
Registrar's No. 19

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <u>Callaway</u> <u>3</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Fulton</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>Dead on arrival to Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>202 West 4th St.,</u> <u>013</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ernest</u>	b. (Middle) <u>Dale</u>	c. (Last) <u>Terrell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 29 1955</u>
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan-26-1936</u>	9. AGE (In years last birthday) <u>19</u> <u>0</u> <u>3</u> <u>0</u> <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lasting Dept of the Int. Shoe Co</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Millersburg, Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Ernest Levy Terrell</u>	13b. MOTHER'S MAIDEN NAME <u>Harriett Frances Smith</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>43-0473-810</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. L. Terrell 202 W 4th Fulton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Concussion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fx Skull</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	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.) <u>W. 54 - Fulton</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fulton Callaway 137 Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-29-55 1 1/2 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile Accident</u>

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 1 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles S. Lawrence, M.D. Coroner</u>	23b. ADDRESS <u>Fulton, Missouri</u>	23c. DATE SIGNED <u>1-29-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan-31-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u>
		24d. LOCATION (City, town, or county) (State) <u>Fulton, Mo</u>

DATE REC'D BY LOCAL REG. <u>Jan. 29-1955</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> <u>426 -</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wallace Lawrence Home Fulton, Mo</u>
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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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Denzil C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Fulton*

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.