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

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16003

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5758 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY Maries
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brinktown, Mo.
c. LENGTH OF STAY (In this place) 2yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Her Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Maries
c. CITY OR TOWN Brinktown, Mo.
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
e. STREET ADDRESS (If rural, give location) 0630

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last)
Fannie R. Terwilliger

4. DATE OF DEATH (Month) (Day) (Year) May 18, 1955

5. SEX Female /

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0

8. DATE OF BIRTH Apr. 18, 1866

9. AGE (In years last birthday) 89 | IF UNDER 1 YEAR Months 1 Days 0 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Orin Terwilliger

13b. MOTHER'S MAIDEN NAME Fannie Norton

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Mrs Ivan Terwilliger **ADDRESS** Vienna, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the cervix — INTERVAL BETWEEN ONSET AND DEATH ?

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. arterio sclerosis — years

19a. DATE OF OPERATION Radium - 1954

19b. MAJOR FINDINGS OF OPERATION 171 X

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1948, *to* May 12, 1955, *that I last saw the deceased alive on* May 12, 1955, *and that death occurred at* 4:45A. *m., from the causes and on the date stated above.*

23a. SIGNATURE E. Hughes M.D. (Degree or title)

23b. ADDRESS Dixon Mo

23c. DATE SIGNED 5/18/55

24a. BURIAL, CREMATION, REMOVAL (Specify) 5/20/55

24b. DATE 5/20/55

24c. NAME OF CEMETERY OR CREMATORY Vienna Cemetery

24d. LOCATION (City, town, or county) (State) Vienna, Mo.

DATE REC'D BY LOCAL REG. 5-20-55

REGISTRAR'S SIGNATURE Pauline Howard

25. FUNERAL DIRECTOR'S SIGNATURE W. C. Cunningham **ADDRESS** Vienna, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 36

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.