

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29365**

BIRTH NO. 55798-55		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 3018		Registrar's No. 79		
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Dent				
b. CITY OR TOWN Salem		c. LENGTH OF STAY (in this place) All life		c. CITY OR TOWN Salem Mo.		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 Hart Clinic				e. STREET ADDRESS (If rural, give location) Sslem Mo. 0331				
3. NAME OF DECEASED (Type or Print) Terry			a. (First)		b. (Middle) Major		c. (Last)	
4. DATE OF DEATH Sept 23 55			4. DATE (Month) (Day) (Year)		5. SEX M			
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married		8. DATE OF BIRTH 9-23-55		9. AGE (In years last birthday) X		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and State or Foreign Country) Salem Mo.		12. CITIZEN OF WHAT COUNTRY? X		
13a. FATHER'S NAME Un Known			13b. MOTHER'S MAIDEN NAME Pauline Francis Major		14. NAME OF HUSBAND OR WIFE Un Known			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Clifton Major				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 776X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 9-23-55 , to 9-23- , 19 55 , that I last saw the deceased alive on 9-23- , 19 55 , and that death occurred at 11:30A.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Alice D. Crosby M.D.				23b. ADDRESS Salem, Mo.		23c. DATE SIGNED 9-23-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried 9-23-55		24b. DATE Sept. 23-55		24c. NAME OF CEMETERY OR CREMATORY Union Cem		24d. LOCATION (City, town, or county) (State) 8 Miles East Salem Mo.		
DATE REC'D BY LOCAL REG. 9-23-55		REGISTRAR'S SIGNATURE R.E. Mitchell, MD by [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE None				

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.....
No Embalming

Licensed Embalmer No.....

P. O. Address.....

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.