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FILED DEC 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37244**

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **510**

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

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). —a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	c. LENGTH OF STAY (in this place) 80 YRS	c. CITY OR TOWN CARTERVILLE	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 LITRELL REST HOME		• STREET ADDRESS (If rural, give location) 136 EAST HALL	

3. NAME OF DECEASED (Type or Print) a. (First) KATE	b. (Middle) M	c. (Last) TERRY	4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 30 1955
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 8, 1869
9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 7 Days 22	IF UNDER 24 Hrs. Hours Min. 	11. BIRTHPLACE (City and State or Foreign Country) PLATTE CITY, MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE	12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME JOHN A. JACKSON	13b. MOTHER'S MAIDEN NAME SALLY JANE FREEZE	14. NAME OF HUSBAND OR WIFE MILTON C. TERRY (DECEASED 9)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS PAUL TERRY JOPLIN, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4222		
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) m.	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 **7-3, 1955**, to **11-30, 1955**, that I last saw the deceased alive on **11-30, 1955**, and that death occurred at **10 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. S. Slaughter M.D.	23b. ADDRESS Webb City MO	23c. DATE SIGNED 12/4/55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DECEMBER 3, 1955	24c. NAME OF CEMETERY OR CREMATORY CARTERVILLE CEMETERY
24d. LOCATION (City, town, or county) (State) CARTERVILLE MO		

DATE REC'D BY LOCAL REG. 12-5-55	REGISTRAR'S SIGNATURE Ed S. Jarmon 138 <i>by Valente Sampino</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 12 1955

Jasper County Health Office

County File Number 55-12-851

Date Filed DEC 12 1955

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 *Richard Gray*

Licensed Embalmer No. 44

P. O. Address *Webb*

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