

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED JAN 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4407 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LaMonte</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LaMonte</b>	
c. LENGTH OF STAY (In this place) <b>84 yrs</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>E. 9th St</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Clarence</b>	b. (Middle) <b>Ewing</b>	c. (Last) <b>Terry</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1 10 56</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9-23-71</b>	9. AGE (In years last birthday) (Months) (Days) <b>84</b>	10. IF UNDER 1 YEAR (Hours) (Min.)	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Banker - Ins. Agent</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>LaMonte Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Thomas Terry</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Ewing</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Marjorie Terry</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>499-40-4197</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs C. E. Terry</b>	ADDRESS <b>LaMonte Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO "DEATH" (a) <b>Chronic myocarditis</b>		<b>1 year</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary insufficiency</b> DUE TO (c) <b>Arteriosclerotic Heart Dis</b>		<b>1 year</b> <b>5 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4200</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 June 1954 to Jan 10, 1956, that I last saw the deceased alive on Jan 10, 1956, and that death occurred at 3:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Paul Roberts</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Seward Springs, Mo.</b>	23c. DATE SIGNED <b>1-10-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-12-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LaMonte Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>LaMonte Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-12-56</b>	REGISTRAR'S SIGNATURE <b>Clarence Ewing Terry</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul M. Moore</b>	ADDRESS <b>LaMonte Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

copy - 1/10/56

MAR 14 1961

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 .....  
Student Embalmer

Signed Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte Mo

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 this body is not embalmed, fact should be so stated above.