

FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8594**

BIRTH NO. _____ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **4165** Registrar's No. **44**

1. PLACE OF DEATH
a. COUNTY **Davless**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **California** b. COUNTY **San Mateo**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Gallatin** c. LENGTH OF STAY (In this place) **3 Mo. 14 Da.**

c. CITY OR TOWN **Redwood City** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Miller Apartments**

STREET ADDRESS (If rural, give location) **3045**

3. NAME OF DECEASED (Type or Print)
a. (First) **Charles** b. (Middle) **Richard** c. (Last) **Terry**

4. DATE OF DEATH (Month) (Day) (Year)
March 29 1956

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **April 2 1905**

9. AGE (In years last birthday) **50** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____

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

10b. KIND OF BUSINESS OR INDUSTRY **Buildings**

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

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Sylvester Terry**

13b. MOTHER'S MAIDEN NAME **Sarah Herrin**

14. NAME OF HUSBAND OR WIFE **Stella Terry**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes WW 2**

16. SOCIAL SECURITY NO. **346-10-7807**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Stella Terry, Gallatin, 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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinomatosis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Primary Carcinoma Lung**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **3 mo**
unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **162x**

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 **Dec 1955**, to **Mar 29, 1956**, that I last saw the deceased alive on **Mar 27, 1956**, and that death occurred at **3:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Edward A. ... M.D.**

23b. ADDRESS **Gallatin Mo**

23c. DATE SIGNED **3/30/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **3-31-56**

24c. NAME OF CEMETERY OR CREMATORY **Garden City Cemetery**

24d. LOCATION (City, town, or county) (State) **Garden City, Utah**

DATE REC'D BY LOCAL REG. **4-9-56** REGISTRAR'S SIGNATURE **Virginia M. Engelbert**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Davis Blackmore F.H. Trenton, Mo.**

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

9961 1 MAY 1956

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.....
Jordan Blackman

Licensed Embalmer No. 460

P. O. Address *Trenton, N.J.*

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.