

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16961

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5664 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a.--STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>RURAL REDDISH</u>)	c. LENGTH OF STAY (in this place township) <u>XXXXXXX</u>	c. CITY OR TOWN <u>LEWISTOWN</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXXXXXXXXXXXXXXXXXXXXXXXXX</u>		e. STREET ADDRESS (If rural, give location) <u>7 mi. North Lewistown</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EDDIE</u>	b. (Middle)	c. (Last) <u>TERRY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 21, 1956</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>8/21/1882</u>	9. AGE (In years last birthday) <u>73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INT. DECORATOR</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>HARRISON CO. KENTUCKY</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>ENOCH TERRY</u>	13b. MOTHER'S MAIDEN NAME <u>SARA LAWSON</u>	14. NAME OF HUSBAND/OR WIFE <u>AMY TERRY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>XXXXXX 524-03-4973</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JOHN MERRELL</u>	ADDRESS <u>Lewistown, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cervical Strabismus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Endocarditis</u> DUE TO (c) <u>Arthritis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Oriented</u>			

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) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 Jan, 1955, to March, 1956, that I last saw the deceased alive on March, 1956, and that death occurred at 10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. J. Curtis</u>	(Degree or title)	23b. ADDRESS <u>Sabelle</u>	23c. DATE SIGNED <u>5-22-56</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5/23/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MIDWAY</u>	24d. LOCATION (City, town, or county) (State) <u>LEWIS COUNTY, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>5-26-56</u>	REGISTRAR'S SIGNATURE <u>P.W. Jennings, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. Conroy</u>	ADDRESS <u>Lewistown, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

61-0

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.....
Charles L. Arnold

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, M

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.