

Health, Welfare, Public Service

300 1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

FILED MAR 5 1957

STANDARD CERTIFICATE OF DEATH

4497

STATE FILE NUMBER

Registration District No. 139 Primary Registration District No. 4225 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY HOLT			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MACON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OREGON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY-OR TOWN LAPLATA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BROWN NURSING HOME		Length of stay in lb 5 mos	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ERMINE Middle MC Last CARTY			4. DATE OF DEATH Month FEB. Day 22 Year 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APR. 13, 1867	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY IN THE HOME		11. BIRTHPLACE (City and state or country) MACON Co, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME J. J. TERRELL		
14. MOTHER'S MAIDEN NAME ANN MAGEE			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 Address MRS. GORDON DECKER MAITLAND M.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Epileptic Seizure - convulsion					INTERVAL BETWEEN ONSET AND DEATH 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b)
					DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3533		
20c. TIME OF INJURY Hour . Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 1, 1956 to Feb 22, 1957 and last saw her/him alive on Feb 22, 1957 Death occurred at 3:30 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Isaac H. Swearing			22b. ADDRESS Oregon, Missouri		22c. DATE SIGNED 2/23/57
23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL - Personal		23b. DATE 2/24/57	23c. NAME OF CEMETERY OR CREMATORY LAPLATA CEMETERY		23d. LOCATION (City, town, or county) (State) LAPLATA, MISSOURI
24. FUNERAL DIRECTOR James Crawford		ADDRESS Mount City, Mo.		25. DATE RECD. BY LOCAL REG. 2/23/1957	26. REGISTRAR'S SIGNATURE James Crawford

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Emballer's Statement on Reverse Side)

467-2

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 *James H. Sawford*
Licensed Embalmer No. *47*

P. O. Address *Round*

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