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| BIRTH NO. | | REG. DIST. NO. 294 | | PRIMARY REG. DIST. NO. 3006 | | Registrar's No. 38 | |
| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Moberly Mo</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>Moberly Mo</u> 0883 | | 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 <u>513 Patton Str</u> | | | | e. STREET ADDRESS (If rural, give location) <u>513 Patton, sh.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>TERRIE</u> | | b. (Middle) <u>LEE</u> | | c. (Last) <u>CADE</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22 1957</u> | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>C 2</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>June 8-1951</u> 147. 8 | |
| 9. AGE (In years last birthday) <u>147. 8</u> | | IF UNDER 1 YEAR Months | | IF UNDER 24 HRS. Hours | | Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Moberly Mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME <u>Bessie McKinney</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sarah McKinney 513 Patton St.</u> | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Flu - pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>2 Wks.</u> | |
| 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) <u>no</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>480X</u> | | 22. HOW DID INJURY OCCUR? | |
| 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"/> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Feb 22/57</u> to <u>Feb 22/57</u> , that I last saw the deceased alive on <u>Feb 22/57</u> , and that death occurred at <u>10:15 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>T. E. Huber, M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Moberly Mo</u> | | 23c. DATE SIGNED <u>2/26/57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 23-1957</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u> | | 24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>2-23-57</u> | | REGISTRAR'S SIGNATURE <u>Frank Sove</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert L. Carr Moberly Mo</u> | | | |

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

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 *Robert J. Carr*.....

Licensed Embalmer No. *319*.....

P. O. Address *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.