FILED APR 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 13708

Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hillsboro — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cedar Grove Nursing Home — Length of stay in Ib 2 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Sappington — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Box 2525 Baptist Church Rd. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JOSEPH Middle J. Last TERRILL
4. DATE OF DEATH: Month Apr. Day 14 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH June 19, 1868
9. AGE (In years last birthday) 88 — 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) Railroad Brakeman &
10b. KIND OF BUSINESS OR INDUSTRY Conductor (Retired)
11. BIRTHPLACE (City and state or country) Meadville, Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown Terrill
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT Margaret Halley — Address St. Louis, Mo. 4019a Shaw Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Apr. 12 57 to Apr 14 57 and last saw him alive on Apr 14, 57
Death occurred at 9:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John W. Deake (Degree or title) MD
22b. ADDRESS 3606 Hunter St. Louis Mo.
22c. DATE SIGNED 4-15-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)
23b. DATE 4-17-1957
23c. NAME OF CEMETERY OR CREMATORY Leasburg Catholic Cem.
23d. LOCATION (City, town, or county) Leasburg, Mo. (State)

24. FUNERAL DIRECTOR Kriegshauser — ADDRESS 4228 S. Kingshighway
25. DATE RECD. BY LOCAL REG. 4-19-57
26. REGISTRAR'S SIGNATURE Carl E. Giessing Olga Brandewie, Dep

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
APR 22 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate v

by me, or by ....., Student Embalmer No

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITI
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.