THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 28 1957

'57 021407
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 10 02 Registrar's No. 2746

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): KANSAS CITY — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3212 WARWICK Blvd — Length of stay in 1b: 39 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 3212 WARWICK Blvd. — Reside on Farm: Yes ☐ No ☒

3498

3. NAME OF DECEASED (Type or print): First: ALVA Middle: CARROLL Last: TERRELL SR.

4. DATE OF DEATH Month: JUNE Day: 8 Year: 1957

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: FEB 1, 1882

9. AGE (In years last birthday): 74 — 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): RETIRED 9 YEARS MANUFACTURER'S REPRESENTATIVE

10b. KIND OF BUSINESS OR INDUSTRY: STEELCOTE Mfg. Co. ST. LOUIS, MISSOURI

11. BIRTHPLACE (City and state or country): OWENSBORO, KENTUCKY

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GEORGE W. TERRELL

13b. MOTHER'S MAIDEN NAME: TERESA SLICER

14. NAME OF ~~HUSBAND~~ OR WIFE: LUCY EVA TERRELL

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

16. SOCIAL SECURITY NO.: 486-01-3272

17. INFORMANT: MRS. LUCY TERRELL Address: 3212 WARWICK KC, MO.

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) Chronic Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 Years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cor. Pulmonale — 6 Years.
DUE TO (c) Pulmonary emphysema. 5271 — 8+ Years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertensive Cardiovascular Disease.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 1951, to 8 June 57 and last saw her/him alive on 7 June 1957
Death occurred at 4:25 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Philip G. Kaul (Degree or title): M.D.

22b. ADDRESS: 411 Nichols Road

22c. DATE SIGNED: 8 June 57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: JUNE 11 1957

23c. NAME OF CEMETERY OR CREMATORY: ENGLEWOOD CEMETERY

23d. LOCATION (City, town, or county) (State): CLINTON MISSOURI

24. FUNERAL DIRECTOR: D. W. Newcomer's Sons — ADDRESS: 1331 Brush Creek KC, Mo.

25. DATE RECD. BY LOCAL REG.: 6-11-57

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Philip G. Kaul

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Adrian Jay Stitt

Licensed Embalmer No. 4882

P. O. Address K.C., Mo

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