

Health,
Welfare
Public
Service

300
-57

All diseases in Part I must be causally related.

James W. Graham
MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24861
STATE FILE NUMBER
3168
Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED AUG 1 - 1957

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kansas City TOWN		c. CITY (If outside, give location) OR Kansas City TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1404 W. 51 St.		4. STREET ADDRESS (If outside, give location) 1404 West 51st.	
Length of stay in lb 94 Mths.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Emma T. Terrill			4. DATE OF DEATH 7 - 7 - 1957		
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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 Dec. 29, 1962	9. AGE (In years birthday) 94	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Henry Tobener	13b. MOTHER'S MAIDEN NAME Elizabeth Rotenbuecker	14. NAME OF HUSBAND OR WIFE Nathaniel B. Terrill
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Mable T. Lindsey, 1404 W. 51st
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the bowel		INTERVAL BETWEEN ONSET AND DEATH one year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	153X
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic nephritis		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.)
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20c. TIME OF INJURY Hour 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
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21. I attended the deceased from May 10, 1957 to July 7, 1957 and last saw her ^{alive} on July 7, 1957 Death occurred at P m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE James W. Graham (Degree or title)	22b. ADDRESS M. D. 518 Argyle Bldg. K C Mo	22c. DATE SIGNED 7/8/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-8-57	23c. NAME OF CEMETERY OR CREMATORY Elmwood	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR Freeman Mortuary 42nd Bdwy	25. DATE RECD. BY LOCAL REG. 7-8-57	26. REGISTRAR'S SIGNATURE Norm Minshall
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K.C.Mo. (Licensed Embolmer's Statement on Reverse Side)

The James Sheehan
518 Angyle Bldg.
2 - 3130

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 *J. D. Freeman*

Licensed Embalmer No. *1939*
P. O. Address *K. O. Mo.*

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.