

pt. Health,
, & Welfare
S. Public
alth Service

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44630

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5757

S. 300
ev. 1-57

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 TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp. DOA		Length of stay in lb 33 Yrs.	STREET ADDRESS (If outside, give location) 5722 Agnes
3. NAME OF DECEASED (Type or print) First Middle Last James Hugh Terrill			4. DATE OF DEATH Month Day Year Dec. 3, 1957
5. SEX Male	6. COLOR OR RACE Cauc.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 30, 1891
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street Car Operator	11. BIRTHPLACE (City and state or country) 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street Car Operator		10b. KIND OF BUSINESS OR INDUSTRY Transportation	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joshua J. Terrill		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ruth L. Terrill
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes. W.W. I		16. SOCIAL SECURITY NO. 487-03-0154A	17. INFORMANT Address Mrs. Ruth L. Terrill 5722 Agnes
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Dilatation of heart.			INTERVAL BETWEEN ONSET AND DEATH 480+
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pneumonia.			
DUE TO (c) Influenza.			
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.)	
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 Kansas City, Jackson, Mo.
21. I attended the deceased from Nov 26-57 to Dec 1-57 and last saw him on Dec 1-57 . Death occurred at 3:05 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James C. Walker M.D.		22b. ADDRESS 318 Prof. Bldg. KCMU	22c. DATE SIGNED 12-5-57.
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-6-57	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS Muehlebach Funeral Home 6800 Troost		25. DATE RECD. BY LOCAL REG. 12-5-57	26. REGISTRAR'S SIGNATURE Reva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.
James C. Walker

*Dr. Walker - James
Pratt Bldg.*

October 1, 1900 P.M.



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 *[Handwritten Signature]*

Licensed Embalmer No. *4797*
P. O. Address *K.C. 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.