

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

89335-57

58-016759

FILED MAY 12 1958

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 1147

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1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Winnemucca</u>		c. CITY OR TOWN <u>Cedar Hill</u> <u>0508</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Josephs</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. 1 Dittmer Mo.</u>	
Length of stay in 1b <u>D.O.A.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Timothy</u> Middle <u>Dean</u> Last <u>Terrell</u>	4. DATE OF DEATH Month <u>4</u> Day <u>25</u> Year <u>58</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 19 1957</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Kirkwood Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>Raymond R. Terrell</u>	13b. MOTHER'S MAIDEN NAME <u>One L. Miller</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Raymond R. Terrell</u> Address <u>Lake Adell Dittmer Mo.</u>
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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) <u>Streptococcus sore throat</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u> <u>48 hours</u>
DUE TO (b) <u>Bilateral Otitis Media</u>		
DUE TO (c)		
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 checked="" type="checkbox"/> NO <input 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.) <u>051X</u>
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20c. TIME OF INJURY Hour <u>0</u> Month <u>0</u> Day <u>0</u> Year <u>0</u> a.m. <u>0</u> p.m. <u>0</u>	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 <u>4/24/58</u> to <u>4/25/58</u> and last saw her alive on <u>4/25/58</u> Death occurred at <u>5:45</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Name or title) <u>Quenton M. James MD</u>	22b. ADDRESS <u>Kirkwood (22) Mo</u>	22c. DATE SIGNED <u>4/26/58</u>
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23a. BURIAL CREMATION <u>Removal</u>	23b. DATE <u>4/28/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Martin's</u>	23d. LOCATION (City, town, or county) <u>Dittmer Missouri</u> (State)
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24. FUNERAL DIRECTOR <u>Frohwitter Miller</u> ADDRESS <u>High Ridge, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>4-26-58</u>	26. REGISTRAR'S SIGNATURE <u>Robert R. Donke M.D.</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Neville B. Frohwitter

Licensed Embalmer No. 3696
P. O. Address High Ridge, N.Y.

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.