

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033676

STATE FILE NUMBER

66341-58  
FILED OCT 14 1958

Registration District No. 267

Primary Registration District No. 3049

Registrar's No. 206

S: 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hayti</b>		c. CITY OR TOWN <b>Hayti</b> <i>0781</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pem. Co. Mem. Hosp. 2 dys.</b>		d. STREET ADDRESS (If outside, give location) <b>303 E. Adams</b>	
3. NAME OF DECEASED (Type or print) First <b>Dannie</b> Middle <b>Richard</b> Last <b>TERRETT</b>		4. DATE OF DEATH Month <b>10</b> Day <b>5</b> Year <b>58</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>9-26-58</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Hayti, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Jessie Lee Terrett Jr.</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Joe Van De Waal</b>		14. NAME OF HUSBAND OR WIFE - - - - -	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. - - - - -	
17. INFORMANT <b>Jessie L. Terrett Jr., Hayti, Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Gastroenteritis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Severe Dehydration</b>			"
DUE TO (c) <b>Acidosis</b>			"
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1 week old Newborn</b>			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 <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	
21. I attended the deceased from <b>10/3/58</b> to <b>10/5/58</b> and last saw him alive on <b>Oct. 5<sup>th</sup>, 1958</b> Death occurred at <b>8:40 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>John W. German, MD</b>		22b. ADDRESS <b>Hayti, Missouri</b>	
22c. DATE SIGNED <b>10-6-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10-6-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>East Woodlawn</b>		23d. LOCATION (City, town, or county) (State) <b>Hayti Missouri.</b>	
24. FUNERAL DIRECTOR <b>John W. German, Hayti, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>10-6-58</b>	
26. REGISTRAR'S SIGNATURE <b>John W. German</b>			

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

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 *John W German*

Licensed Embalmer No. *4355*  
P. O. Address *Haiti, N.C.*

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.