

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036651

STATE FILE NUMBER

FILED OCT 29 1958

Registration District No. 199

Primary Registration District No. 1002

Registrar's No.

4852

300
1-57

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| 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 | | c. CITY OR TOWN Kansas City | |
| c. FULL NAME OF (If in hospital, give location) HOSPITAL OR INSTITUTION 101 E. 36th St. | | d. STREET ADDRESS 1805 E. 40th St. | |
| Length of stay in Ib 20 yrs. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First HELEN Middle _____ Last TERHUNE | | | 4. DATE OF DEATH Month October Day 12 Year 1958 | | |
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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 Feb. 13, 1882 | 9. AGE (In years last birthday) 76 | 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 Housewife | 11. BIRTHPLACE (City and state or country) Carthage, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Bernhardt Netter | 13b. MOTHER'S MAIDEN NAME Frederika Haas | 14. NAME OF HUSBAND OR WIFE Chas Terhune |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO | 16. SOCIAL SECURITY NO. 495-10-7035 | 17. INFORMANT Address Mrs. Harvey Meek, 1805 E. 40th St. K.C. Mo. |
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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) Arteriosclerosis | | INTERVAL BETWEEN ONSET AND DEATH 4 years 4 years |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Arteriosclerosis | |
| | DUE TO (c) _____ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 45% | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____ | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 **7-1-58** to **10-12-58** and last saw her alive on **10-12-58**
Death occurred at **6:40 AM** m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Frank Paul Laurence (Degree or title) | 22b. ADDRESS 428 S. White Ave | 22c. DATE SIGNED 10-14-58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Oct 15, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
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| 24. FUNERAL DIRECTOR Muehlebach Funeral Home 6800 Troost | 25. DATE RECD. BY LOCAL REG. 10-14-58 | 26. REGISTRAR'S SIGNATURE Neva Minshall |
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ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Frank Paul Laurence

All diseases in Part I must be causally related.
 Occur, border, etc. must use any standard nomenclature in item 18. No symptoms will be listed.

9th 4, 2060

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 *Warren R. Ellis*

Licensed Embalmer No. *5018*

P. O. Address *Mission Ks*

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.