

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039334

STATE FILE NUMBER

FILED NOV 17 1958

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 328

1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jackson City Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Verona Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hosp. 14 Weeks</u>				Length of stay in 1b		d. STREET ADDRESS <u>Rt. 1.</u> (If outside, give location)		
3. NAME OF DECEASED (Type or print) <u>Floyd</u>		Middle <u>none</u>		Last <u>Terry</u>		4. DATE OF DEATH Month <u>Nov</u> Day <u>14</u> Year <u>1958</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept 22, 1889</u>		
10a. USU. OCCUPATION (Give kind of work done during most of working life, open if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state of country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Samothy J. Terry</u>				14. MOTHER'S MAIDEN NAME <u>Victorine Fenton</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year of unknown) (If yrs. give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Wayne Terry</u> Address <u>Verona Mo</u>				
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>Carcinoma prostate</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>metastatic</u> DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>2 year</u>		
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"/> <u>2</u>		
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 <u>12:55 p.m.</u> Hour <u>11-14-58</u> Month, Day, Year								
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		
21. I attended the deceased from <u>June 1956</u> to <u>Nov 14/58</u> and last saw <sup>him</sup> <u>live</u> on <u>11-14-58</u> . Death occurred at <u>12:30 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Ruben A. Douglas M.D.</u>				22b. ADDRESS <u>Jackson City Mo</u>		22c. DATE SIGNED <u>11-14-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>11/16/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Verona Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Verona Mo</u>		
24. FUNERAL DIRECTOR <u>M.C.P. Birmingham</u>			ADDRESS <u>Verona</u>		25. DATE RECD. BY LOCAL REG. <u>14 November 1958</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Norris, M.D. - MR.</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 me....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed McBrimmyham.....  
Licensed Embalmer No. 360

P. O. Address Levin.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(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.