

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040610
STATE FILE NUMBER

FILED DEC 3 1958 Registration District No. 177 Primary Registration District No. 4276 Registrar's No.

S. 300 /
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pierce City Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pierce City Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Commercial		Length of stay in 1b 25 years	d. STREET ADDRESS (If outside, give location) Commercial
3. NAME OF DECEASED (Type or print) First Middle Last Cora Olena Terry			4. DATE OF DEATH Month Day Year Nov. 21, 1958
5. SEX F	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 8, 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 60
11. BIRTHPLACE (City and state or country) Barry county Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William A. Periman		13b. MOTHER'S MAIDEN NAME Magie Sturgell	
14. NAME OF HUSBAND OR WIFE John E. Terry		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 487-01-4367		17. INFORMANT Mrs. Wanda Smith Dittmer Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchitis pneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Cerebral hemorrhage - Hemiplegia</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i> <i>4 months</i>
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 <i>10-2-57</i> to <i>11/21/58</i> and last saw her alive on <i>11/21/58</i> Death occurred at <i>2:30</i> A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Frank P. Row MD</i>		22b. ADDRESS <i>Monett Mo.</i>	
22c. DATE SIGNED <i>11/24/58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 11-23-1958		23c. NAME OF CEMETERY OR CREMATORY City Cemetery	
23d. LOCATION (City, town, or county) Pierci City		(State) Mo.	
24. FUNERAL DIRECTOR Wilks Bros.		ADDRESS Pierce City Mo.	
25. DATE RECD. BY LOCAL REG. <i>Nov 25 1958</i>		26. REGISTRAR'S SIGNATURE <i>Mrs P.N. Cook</i>	

VS OCT 15 1959

DATE REC. 12-2-58

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 Edwin Wilks, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Edwin Wilks.....

Licensed Embalmer No. 4131
P. O. Address Pine City, 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.