

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040640
STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 179 Primary Registration District No. 5672 Registrar's No. 191

S. 300
1-57

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Burr Oak Township		c. CITY OR TOWN Foley 6570	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi. west of Foley		d. STREET ADDRESS (If outside, give location) RFD - 3 mi. west	
3. NAME OF DECEASED (Type or print) First Middle Last HENRY EUGENE TERRELL			4. DATE OF DEATH Month Day Year Nov. 15, 1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1889 JAN. 15, 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (City and state or country) RFD - Foley, Mo
13a. FATHER'S NAME JAMES S. TERRELL		13b. MOTHER'S MAIDEN NAME NETTIE LOWRY	14. NAME OF HUSBAND OR WIFE Minnie Shields Terrell
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. NONE	17. INFORMANT Address Minnie Terrell - RFD Foley, 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) Acute Myocarditis			INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Lobar Pneumonia			1 week
DUE TO (c) 490X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis and Bouts of Hypostatic Pneumonia			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2a	
20c. TIME OF INJURY Hour Month, Day, Year p.m.		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 Dec 10, 1950 to Nov. 15, 1958 and last saw ^{her} _{him} alive on Nov. 15, 1958 Death occurred at 5:00 a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Frank L. Sutton D.O. 2		22b. ADDRESS Winfield, Mo.	22c. DATE SIGNED 11/17/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Nov. 17, 1958	23c. NAME OF CEMETERY OR CREMATORY New Salem	23d. LOCATION (City, town, or county) (State) RFD - Winfield, Mo
24. FUNERAL DIRECTOR ADDRESS O.C. Ricks - Elsberry		25. DATE RECD. BY LOCAL REG. 11-18-58	26. REGISTRAR'S SIGNATURE Charlotte Leek

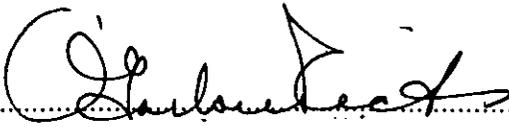
Doctor, coroner, etc: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 

Licensed Embalmer No. 4017

P. O. Address E. Leberry, 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.