

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-028073**

FILED VS AUG 21 1959

Registration District No. 1 Primary Registration District No. 5048 Registrar's No. 64

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Barry</b>	a. STATE <b>Missouri</b> COUNTY <b>Barry</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>McDonald Twp.</b>	Length of stay in 1b <b>years</b>	c. CITY OR TOWN <b>Purdy</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>E. of Purdy</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <b>MAGGIE</b>	Middle <b>JOSEPHINE</b>	Last <b>TERRY</b>	4. DATE OF DEATH	Month <b>AUGUST</b>	Day <b>4</b>	Year <b>1959</b>
-------------------------------------	------------------------	----------------------------	----------------------	------------------	------------------------	-----------------	---------------------

5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-14-1885</b>	9. AGE (last birthday) <b>74</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.
-------------------------	----------------------------------	---	--------------------------------------	-------------------------------------	---------------------------	------------------------	-------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>Barry U.S.A.</b>
---	--	---	--

13a. FATHER'S NAME <b>William Turner</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Hagler</b>	14. NAME OF HUSBAND OR WIFE <b>B. F. Terry</b>
---	--	---

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 Address <b>B. F. Terry - Purdy, Missouri</b>
---	-------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>10 Years</b>
IMMEDIATE CAUSE (a) <b>Coronary Embolus</b>	DUE TO (b) <b>Arterial Heart Disease</b>	<b>5 years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. 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 <b>June 14-1959</b> to <b>July 22-59</b> and last saw her alive on <b>July 22-1959</b> Death occurred at <b>6 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE <b>E. E. McDonald, M.D.</b> (Degree or title)	22b. ADDRESS <b>Cassville, Mo.</b>	22c. DATE SIGNED <b>8-5-59</b>
---	---------------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-7-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sparks Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Barry County, Missouri</b>
--	------------------------------	--	--

24. FUNERAL DIRECTOR <b>Culver's</b> ADDRESS <b>Cassville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>8-11-1959</b>	26. REGISTRAR'S SIGNATURE <b>Grace Williams</b>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

DED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Margaret C. Henbest

Licensed Embalmer No. 4389

P. O. Address Cassville,

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