URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 16 1959

59-033047

STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 24

NDED

1. PLACE OF DEATH
a. COUNTY Maries County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vienna, Mo. | Length of stay in Ib Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vienna, Mo. | Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Maries
c. CITY OR TOWN Vienna | Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) | Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Pearl Middle Jane Last Terwilliger
4. DATE OF DEATH Month September Day 9 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7-9-1937
9. AGE (last birthday) 22 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Vienna, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Lester Terry
13b. MOTHER'S MAIDEN NAME Winifred Martin
14. NAME OF HUSBAND OR WIFE Donald Terwilliger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 499-38-2574
17. INFORMANT Donald Terwilliger Address Vienna, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Intraventricular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 45 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cause unknown pending complete autopsy report
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 xx, to xx and last saw her alive on May 20, 1959
Death occurred at 6:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. C. Howard (Degree or title) D.O.
22b. ADDRESS Vienna, Missouri
22c. DATE SIGNED 9/11/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-12-59
23c. NAME OF CEMETERY OR CREMATORY Vienna Cemetery
23d. LOCATION (City, town, or county) (State) Vienna, Missouri

24. FUNERAL DIRECTOR W. C. Cunningham ADDRESS Vienna, Mo.
25. DATE RECD. BY LOCAL REG. 9-11-59
26. REGISTRAR'S SIGNATURE Mozelle Hutchison

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 366

P. O. Address

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