

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-017986

LED VS APR 25 1960 322 Primary Registration District No. 3071 Registrar's No. 28

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Slater		Length of stay in 1b 45 years	c. CITY OR TOWN Slater Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 103 N. Porter		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 103 N. Porter Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First John Middle Wesley Last Terry			4. DATE OF DEATH Month April Day 17 Year 1960			
5. SEX Male	6. COLOR OR RACE Negroe	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/14/1869	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Old Cambridge, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Wesley Terry		13b. MOTHER'S MAIDEN NAME Hulda (last name DK)		14. NAME OF HUSBAND OR WIFE Myrtle 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. none		17. INFORMANT Address Myrtle Terry, Slater, Missouri		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized Arteriosclerosis	
	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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 **April 1953** to **April 16-60** and last saw ^{her}him alive on **April 16-60**
Death occurred at **Slater, Mo** on **4-17-60** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE S. Wilson (Degree or title)		22b. ADDRESS 313 1/2 N. Main Slater		22c. DATE SIGNED 4-19-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/20/1960	23c. NAME OF CEMETERY OR CREMATORY Mount Moriah	23d. LOCATION (City, town, or county) (State) Slater Missouri	

24. FUNERAL DIRECTOR Haines Funeral Home, Slater, Mo.	25. DATE RECD. BY LOCAL REG. 4-19-60	26. REGISTRAR'S SIGNATURE Mrs. Raymond Brames
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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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Guy F. Hayes, Jr.*

Licensed Embalmer No. 4630

P. O. Address *State*

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.