

# MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## -60-033451

FILED VS AUG 29 1960

Registration District No. 324 Primary Registration District No. 3073 Registrar's No. 154

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Saline</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>		c. CITY OR TOWN <u>Marshall</u>	
Length of stay in 1b <u>78 Yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>564 S English</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fitzgibbon Hoppital</u>				d. STREET ADDRESS (If outside, give location) <u>564 S English</u>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>MARY</u>		Middle <u>ELIZABETH</u>		Last <u>TERRELL</u>		Month <u>August</u> Day <u>26</u> Year <u>1960</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>1-1-1878</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>home work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and state or country) <u>St Clair Co Ill.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Edward Davis Terrell</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Drew Terrell</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Miss Helen Terrell</u> Address <u>Marshall 564 S English</u>			
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	
IMMEDIATE CAUSE (a) <u>congestive heart failure</u>						<u>3 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>hypertension</u>							
DUE TO (c) <u>arteriosclerosis</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.) <u>Marshall</u>	20f. CITY, TOWN, OR LOCATION <u>Saline</u> COUNTY <u>Mo.</u> STATE <u>Mo.</u>					
21. I attended the deceased from <u>July 27, 1960</u> to <u>Aug. 25, '60</u> and last saw her/him alive on <u>Aug. 25, 1960</u> Death occurred at <u>12:05 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>W. R. Sweeney, M.D.</u>				22b. ADDRESS <u>Marshall, Missouri</u>		22c. DATE SIGNED <u>8/26/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-27-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Sweeney-Reser Funeral Home Marshall</u>				25. DATE RECD. BY LOCAL REG. <u>8-27-60</u>		26. REGISTRAR'S SIGNATURE <u>Cecil G. Reed</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 16 1961

KEEP 87 1960

JUN 28 1961

**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 Jack W. Reese

Licensed Embalmer No. 4642

P. O. Address Marshall

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