

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004352

FILED VS JAN 9 1961

STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 1

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY SULLIVAN		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MILAN		Length of stay in 1b 7 days		c. CITY OR TOWN GREEN CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SULL. CO. MEM. HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print)			First	Middle	Last	4. DATE OF DEATH	
BURR			GARFIELD	TERRY	Month 1	Day 4	Year 1961
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 10/15/1880		9. AGE (last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming		11. BIRTHPLACE (City and state or country) Green City, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Philo Foote Terry			13b. MOTHER'S MAIDEN NAME Anna Marine Crawford			14. NAME OF HUSBAND OR WIFE Lois Veva 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.		17. INFORMANT Helen Terry Calkin		
			Address Oregon, Mo.				
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) Parturition Syndrome						6 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) _____							
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 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 12/24/60			and last saw her alive on 11/4/61			
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 Green City		COUNTY Sullivan		STATE Mo.
21. I attended the deceased from 12/24/60 to 11/4/61 and last saw her alive on 11/4/61 Death occurred at 8:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Edna S. [Signature]</i>				22b. ADDRESS <i>[Signature]</i>		22c. DATE SIGNED 11/4/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 7, 1961	23c. NAME OF CEMETERY OR CREMATORY Green City Cemetery		23d. LOCATION (City, town, or county) Green City, Mo.		
24. FUNERAL DIRECTOR Glenn E. Keatson, Green City, Mo.				25. DATE RECD. BY LOCAL REG. 1-7-61		26. REGISTRAR'S SIGNATURE Mrs. M. W. Beckett	

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 31 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.