

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED JUL 31 1961 53 3010 299 -61-024379

Registration District No. _____ Primary Registration District No. 3010 Registrar's No. 299 STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Scott</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Cape Girardeau</i>	Length of stay in 1b	c. CITY OR TOWN <i>Osceola</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>S.E. Mo Hosp.</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS _____	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>WILLIAM</i> Middle <i>THOMAS</i> Last <i>TERRY</i>	4. DATE OF DEATH Month <i>July</i> Day <i>18</i> Year <i>1961</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>Feb 14, 1907</i>	9. AGE (last birthday) <i>59</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>R.R. Conductor</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Rail Road</i>	11. BIRTHPLACE (City and state or country) <i>Galveston, Texas</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Wm T. Terry</i>	13b. MOTHER'S MAIDEN NAME <i>Edith Elain Rainwater</i>	14. NAME OF HUSBAND OR WIFE <i>Estelle Brenzel</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>unk</i>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>Robert Terry St. Genevieve, Mo</i>
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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 <i>5 days</i>
IMMEDIATE CAUSE (a) <i>Hepatic Hepatic Coma</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Cirrhosis of liver</i>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Bleeding esophageal varices</i>	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 checked="" 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.)
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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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>Osceola</i>	COUNTY <i>Scott</i>	STATE <i>Missouri</i>
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21. I attended the deceased from *7-7-61* to *7-18-61* and last saw ^{him} him alive on *7-18-61*
 Death occurred at *5:45 a.m.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Do not use title) <i>Marshall J. ...</i>	22b. ADDRESS <i>Osceola, Mo</i>	22c. DATE SIGNED <i>7-21-61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>7/19/61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lightner Cem</i>	23d. LOCATION (City, town, or county) (State) <i>Osceola, Missouri</i>
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24. FUNERAL DIRECTOR <i>BISPLINGHOFF FUNERAL HOME</i>	ADDRESS <i>Osceola</i>	25. DATE RECD. BY LOCAL REG. <i>7-24-61</i>	26. REGISTRAR'S SIGNATURE <i>Jane Kasten</i>
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(Licensed Embelmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

AUG 17 1961

AUG 17 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 Oliver P. Amick

Licensed Embalmer No. 4470

P. O. Address Illms. 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.