

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026065

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 398

FILED JUL 23 1962	
1. PLACE OF DEATH a. COUNTY <u>Bronne</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u> Length of stay in 1b <u>7 yr.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burford Rest Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> c. CITY OR TOWN <u>unknown</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u></u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CARRIE TERRY</u>	
4. DATE OF DEATH Month Day Year <u>July 13 - 1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>negro</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>unknown about 81</u>
9. AGE (last birthday) <u>UNDER 1 YEAR</u> IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>
11. BIRTHPLACE (City and state or country) <u>Randolph Co Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.C.</u>
13a. FATHER'S NAME <u>Henry Bernick</u>	13b. MOTHER'S MAIDEN NAME <u>Ketty Huskin</u>
14. NAME OF HUSBAND OR WIFE <u>Joe Terry</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 Address <u>John Terry, Hunterville, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Failure</u> DUE TO (b) <u>Pyelonephritis</u> DUE TO (c) <u>Rt. Lobar Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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	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 <u>June, 1960</u> to <u>July 13, 1962</u> and last saw her <u>live on Fri, July 13, 1962</u> Death occurred at <u>2:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Roland L. Wiggins, M.D.</u>	22b. ADDRESS <u>201 N. Providence Rd. Columbia, Missouri</u>
22c. DATE SIGNED <u>7/16/62</u>	22d. LOCATION (City, town, or county) (State) <u>Hunterville, Mo.</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 18 - 1962</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Hunterville</u>	23d. LOCATION (City, town, or county) (State) <u>Hunterville, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Mrs. Stuart Parker, Columbia, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>July 17, 1962</u>
26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Howell T. MAY, Student Embalmer No. 667
working under my personal supervision.

Student Howell T. May
Signature of Student Embalmer

Signed George O. Trammell

Licensed Embalmer No. 4425

P. O. Address Columbus, 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.