

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024636

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3235 STATE FILE NUMBER

FILED JUL 5 1963

1. PLACE OF DEATH
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in 1b **Life**

c. CITY OR TOWN **Kansas City** Inside Limits Yes No

c. FULL NAME OF HOSPITAL OR INSTITUTION **General Hospital** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **3015 Paseo** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Sarah Adaline Adalene Terrell **June 5, 1963**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **8-27-1885** 9. AGE (last birthday) **77**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Domestic** 11. BIRTHPLACE (City and state or country) **Independence, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Jacob M. Crockett** 13b. MOTHER'S MAIDEN NAME **Elizabeth Bradley** 14. NAME OF HUSBAND OR WIFE **O.W. Terrell**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) **No** 16. SOCIAL SECURITY NO. **84** 17. INFORMANT **Mrs. Dora Gordon, Alexandria, Va.** Address **R.R. #6, Box 773**

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Pulmonary Atelectasis**
DUE TO (b) **Early Bronchial Pneumonia**
DUE TO (c) _____
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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 **5-27-63** to **6-5-63** and last saw her/him alive on **6-5-63**
Death occurred at **6:40A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Frank Ellis** 22b. ADDRESS **2400 Cherry Street, K.C. Mo.** 22c. DATE SIGNED **6-5-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **6-7-63** 23c. NAME OF CEMETERY OR CREMATORY **Elmwood Cemetery** 23d. LOCATION (City, town, or county) **Kansas City, Mo.** (State)

24. FUNERAL DIRECTOR **D.W. Newcomers Sons, Kansas City, Mo.** 25. DATE RECD. BY LOCAL REG. **6-7-63** 26. REGISTRAR'S SIGNATURE **Ruth Long**

DATE AMENDED
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF
MEDICAL CERTIFICATION
ITEM NO. SHOULD READ

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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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indep, 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.