

S. No. 2  
M-5-42  
v. 5-17-39  
X32877

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17177**

**ED JUN 7 1943**

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **2459**

**1. PLACE OF DEATH:**  
 (a) County **Jackson**  
 (b) City or town **Jackson, Mo.**  
 (c) Name of hospital or institution **Trinity Lutheran Hospital**  
 (d) Length of stay: In hospital or institution **5-1-30-5-30-43**  
 In this community **7 WEEKS**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Wheaton**  
 (d) Street No. **1st St. S. W. 1st St.**  
 (e) Citizen of foreign country? (Yes or No) \_\_\_\_\_  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Ernest E. Terpeza**  
 (b) If veteran, name war **no** (c) Social Security No. **none**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **May**, day **30**, year **1943**, hour **10 P.M.**, minute \_\_\_\_\_, M. \_\_\_\_\_

**4. Sex** **M** **5. Color or race** **W**  
**6. (a) Single, widowed, married, divorced** **Widowed**  
**6. (b) Name of husband or wife** **Flora Terpeza**  
**6. (c) Age of husband or wife if alive** **29**  
**7. Birth date of deceased** **June 29 1869**

**21. I hereby certify that I attended the deceased from** **May 24**, 19**43**, to **May 29**, 19**43**, that I last saw him alive on **May 29**, 19**43**, and that death occurred on the date and hour stated above.

**8. AGE:** Years **74**, Months **4**, Days **1**, If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**Immediate cause of death**  
 ① **Diabetic Mellitus**  
 ② **Diabetic gangrene**  
 ③ **Myocarditis**  
 ④ **Secondary wound stump**  
 Due to **infection following amputation Rt leg 61**  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**9. Birthplace** **Salem, Wis.**  
**10. Usual occupation** **Insurance Business**

**MOTHER FATHER**  
**11. Industry or business** \_\_\_\_\_  
**12. Name** **Calvin Terpeza**  
**13. Birthplace** **N.Y.**  
**14. Maiden name** **Flora May Berry**  
**15. Birthplace** **N.Y.**

**Major findings:** **Gangrene Foot Arterio Sclerosis, Main Arteries**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**16. (a) Informant** **Walter Terpeza**  
**(b) Address** **5900 Maywood Road, Kansas**  
**17. (a) (b) Date thereof** **June 3-1943**  
**(c) Place: burial or cremation** **Wheaton, Mo.**  
**18. (a) Signature of funeral director** **Wm. J. Brown**  
**(b) Address** **Missouri, Kansas**  
**19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)**

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
 While at work (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
**23. Signature** **John H. Ogilvie M.D.** (M. D. or other) \_\_\_\_\_  
**Address** **730 Prof Bldg** Date signed **5/31/43**

Duration
12 yrs
60 days
day 2

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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*Dr. Goodson*

JUL 30 1956

**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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *J. Ramsey*  
Licensed Embalmer No. *4165*  
P. O. Address *Missouri Kansas*

**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 this body is not embalmed, fact should be so stated above.**