

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 563

FILED JAN 31 1949

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5218 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Rural-Big Creek Twp.</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Big Creek Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 Mi. W. of Pleasant Hill</u>		e. STREET ADDRESS (If rural, give location) <u>4 Mi. W. Pleasant Hill, Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aword</u>		b. (Middle) <u>Marrion</u>	
		c. (Last) <u>Terrell</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16 1949</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>March 1, 1901</u>		9. AGE (In years last birthday) <u>47</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Everton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Elsworth Terrell</u>		13b. MOTHER'S MAIDEN NAME <u>Ada West</u>	
14. NAME OF HUSBAND OR WIFE <u>Emily Jane Terrell</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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emily Jane Terrell, Pleasant Hill</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension (malignant)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Related Cystic Kidney</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
18. INTERVAL BETWEEN ONSET AND DEATH <u>12 yrs</u>		18. INTERVAL BETWEEN ONSET AND DEATH <u>12 yrs +</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>600 =</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>8-21</u> , 19 <u>46</u> , to <u>1-16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-16</u> , 19 <u>49</u> , and that death occurred at <u>2:10 P.m.</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Lee's Summit Mo</u>	
23c. DATE SIGNED <u>1-18-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>1-18-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Everton, Mp.</u>	
24d. LOCATION (City, town, or county) (State) <u>Everton, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Jan 24-1949</u>	
REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		510	
25. FUNERAL DIRECTOR'S SIGNATURE <u>M. B. Langford</u>		ADDRESS <u>Lee's Summit, Mo.</u>	

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

MAR 1 1949

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.

Signed NB Langford

Signed.....
Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Lee's Summit, 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 this body is not embalmed, fact should be so stated above.