

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40397**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **403**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton 4	c. LENGTH OF STAY (in this place) One Year	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holtzsummitt	0
d. FULL NAME OF HOSPITAL OR INSTITUTION Shoaf Nursing Home		d. STREET ADDRESS (If rural, give location) HolR: ElmDit# 2	

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Ella c. (Last) Terpenning			4. DATE OF DEATH (Month) (Day) (Year) Dec. 13 1949		
5. SEX Fe.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 4	8. DATE OF BIRTH May, 21, 1862	9. AGE (In years last birthday) 87	10. UNDER 1 YEAR Months 6 Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Albany, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jessie Robertson		13b. MOTHER'S MAIDEN NAME D.K.		14. NAME OF HUSBAND OR WIFE Marvin Terpenning	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles E Terpenning Moberly, Mo	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis chronic		INTERVAL BETWEEN ONSET AND DEATH 4221
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Sept 13 1949**, to **Dec 13, 1949**, that I last saw the deceased alive on **Dec 13, 1949**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Fulton Mo		23c. DATE SIGNED 12-15-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec, 15, 1949		24c. NAME OF CEMETERY OR CREMATORY Union Hill Cem	
		24d. LOCATION (City, town, or county) (State) Holtzsummitt Mo			

DATE REC'D BY LOCAL REG. Dec-15-1949		REGISTRAR'S SIGNATURE Marett Lawrence 426		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wallace Funeral Home, Fulton, Mo.	
--	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

14
1
2

RECEIVED DEC 19 1949
District Health Officer No. 8,
District File Number

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. 339

working under my personal supervision.

Student Russell C. Maag
Student Embalmer

Signed Herzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.