No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30060

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 887

396
0

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

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) OZARK OSTEOPATHIC HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Webster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rogersville 1120 1
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) L.
c. (Last) Terry

4. DATE OF DEATH (Month) 10- (Day) 9- (Year) 50

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH 6-3-1875
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor
10b. KIND OF BUSINESS OR INDUSTRY Veterinarian
11. BIRTHPLACE (State or foreign country) Quincy, Illinois 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Eugene Terry
13b. MOTHER'S MAIDEN NAME Mary Morgan
14. NAME OF HUSBAND OR WIFE Etta Terry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME Mrs. Lois Mahoney, 764 South, City. ADDRESS

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.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) SEPSIS	3 DAYS
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) GENERALIZED PERITONITIS	2 DAYS
	DUE TO (c) ACUTE GANGRENOUS APPENDICITIS	3 DAYS
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		550 1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-6, 1950, *to* 10-9, 1950, *that I last saw the deceased alive on* 10-9-, 1950, *and that death occurred at* 11:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Howard T. Mason (Degree or title) D.O. 2
23b. ADDRESS 700 E. Sunshine Springfield, Mo
23c. DATE SIGNED 10-9-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-12-50
24c. NAME OF CEMETERY OR CREMATORY Eastlawn
24d. LOCATION (City, town, or county) Springfield, Mo. (State)

DATE REC'D BY LOCAL REG. 10-10-50
REGISTRAR'S SIGNATURE W E Handley MD 0 111
25. FUNERAL DIRECTOR'S SIGNATURE Gorman-Schaaf Home Springfield, Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed L. Doolin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, Me.

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.