

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37280**  
Registrar's No. **4796**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

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1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>4 1/2 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1305 BELMONT</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Mallory Convalescent Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>NATHANIAL DAVID</b>		b. (Middle)		c. (Last) <b>TERRY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11/13-50</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>11/8/1866</b>		9. AGE (In years last birthday) <b>84</b>		if UNDER 1 YEAR: Months Days		if UNDER 1 MIN. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PAINTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ford MTR Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Isaac Terry</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E. Glazebrook</b>		14. NAME OF HUSBAND OR WIFE <b>Emma Terry</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-03-3873</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elmer Terry 2138 Myrtle</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTEGRITY BETWEEN ONSET AND DEATH <b>few hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage 1949</b>		
	DUE TO (c) <b>Senility</b>		
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 checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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) (Minute) <b>1-30-48</b>		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 **11-11-50**, 19\_\_\_, to **11-12-50**, 19\_\_\_, that I last saw the deceased alive on **11-11-50**, 19\_\_\_, and that death occurred at \_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>V. W. Harned</b> (Degree or title) <b>D.D.</b>		23b. ADDRESS <b>402 Wirthman Bldg</b>		23c. DATE SIGNED <b>11/13/50</b>	
24a. BURIAL CREAMATION (REMOVED) (Specify) <b>Burial</b>		24b. DATE <b>11/16/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Independence Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John P. Sheld &amp; Co.</b>			
DATE REC'D BY LOCAL REG. <b>11-14-50</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
*John R. Skelton*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3624*

P. O. Address *H. C. Ma*

**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.