

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27653**

FILED SEP 14 1951

BIRTH NO.		REG. DIST. NO. 209	PRIMARY REG. DIST. NO. 3043	Registrar's No. 289
1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. LENGTH OF STAY (In this place) 7/30/51		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal 0644
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering		d. STREET ADDRESS (If rural, give location) 307 North Fourth		
3. NAME OF DECEASED a. (First) Harry H. Terrill b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) August 25, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 26, 1951	
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months 4 Days 29		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) By way opt.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Palmyra Missouri
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME John W. Terrill		
13b. MOTHER'S MAIDEN NAME Mary Jane Blackwood		14. NAME OF HUSBAND OR WIFE Ida Mae Terrill		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 487 24 640		17. INFORMANT'S SIGNATURE OR NAME Mrs. Harry H. Terrill
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lateral Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene rt. leg - Amputation.		
INTERVAL BETWEEN ONSET AND DEATH ?		3. WKS. 3 wks.		
19a. DATE OF OPERATION 8-9-51		19b. MAJOR FINDINGS OF OPERATION Amputation rt. leg - Gangrene		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) 3561
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 7-30- , 19 51 , to 8-25-51 , 19 51 , that I last saw the deceased alive on 8-25- , 19 51 , and that death occurred at 5:05 A.m. , from the causes and on the date stated above.				
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS Hannibal, Mo.		23c. DATE SIGNED 8-28-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 8/27/51		24c. NAME OF CEMETERY OR CREMATORY Barkley
24d. LOCATION (City, town, or county) (State) New London Missouri		DATE REC'D BY LOCAL REG. 9-4-51		
REGISTRAR'S SIGNATURE <i>[Signature]</i>		FEDERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		
ADDRESS Hannibal Missouri				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 12 1951
MARION CO. HEALTH DEPT.
DATE FILED SEP 13 1951

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

H. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address. Warrick 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.