

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1723

State File No. ....

No. 300  
10.48.

FILED FEB 13 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 61

495  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>3 Wks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Galena</u>		8150		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>921 GALENA</u>				
3. NAME OF DECEASED (Type or Print) <u>Grace ioe Terry</u>			a. (First)	b. (Middle)	c. (Last)		
4. DATE OF DEATH <u>Feb. 6 - 52</u>			(Month)	(Day)	(Year)		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>4-17-1890</u>		9. AGE (In years last birthday) <u>62</u>		
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Seamster</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>White Water Kansas</u>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>Carey C Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Watson</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NON-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mauld L Baum</u>		ADDRESS <u>Galena Kansas</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>Carcinoma Lungs Metastatic</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 mo.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma, Thyroid Primary</u> DUE TO (c) _____ INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19. 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) <u>Galena, Kansas</u>		21f. HOW DID INJURY OCCUR? _____			
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"/>	22. I hereby certify that I attended the deceased from <u>Jan</u> , 1950, to <u>2-6</u> , 1952, that I last saw the deceased alive on <u>2-6</u> , 1952, and that death occurred at <u>11:20 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Paul H. Grubb M.D.</u>		23b. ADDRESS <u>Galena, Kansas</u>		23c. DATE SIGNED <u>2/7/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Feb 6 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Galena Kansas</u>				
DATE REC'D BY LOCAL REG. <u>2-7-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Galena</u>				

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-11-52

Jasper County Health Office

County File Number 52/2/115

Date Filed 2-11-52

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 *Harvey Lerman*

Licensed Embalmer No. 2067 Kan

P. O. Address *Salina, Kansas*

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.