

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19193  
State File No.

FILED MAY 19 1952

REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4545 Registrar's No. 28

1120  
1  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>WEBSTER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>WEBSTER</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MARSHFIELD MO</b>		c. LENGTH OF STAY (in this place) <b>LIFE</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MARSHFIELD MO</b>		d. STREET ADDRESS (If rural, give location) <b>1120</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <b>IDA</b> b. (Middle) <b>A</b> c. (Last) <b>TERRY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 7 1952</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>NOV 18 1888</b>	9. AGE (In years last birthday) <b>63</b>	10. MONTHS <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>NIANGUA MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>J. M. MOORE</b>		13b. MOTHER'S MAIDEN NAME <b>MINNIE KILBURN</b>		14. NAME OF HUSBAND OR WIFE <b>WILLIAM 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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>CARL TERRY MARSHFIELD MO</b>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary Paralysis</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</b> DUE TO (c) <b>Arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X</b>				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)			
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 <b>5-4</b> , 19 <b>52</b> , to <b>5-7</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>5-7</b> , 19 <b>52</b> , and that death occurred at <b>6:30</b> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>Marshallfield, Mo.</b>		23c. DATE SIGNED <b>5/9/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>5-11-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HAPPY HOME</b>	24d. LOCATION (City, town, or county) (State) <b>WEBSTER CO MO</b>		
DATE REC'D BY LOCAL REG. <b>5/13/52</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>3920 BARBER-BARTO MARSHFIELD</b>		

**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 \_\_\_\_\_

*Paul Bonbr*

Licensed Embalmer No. 3848

P. O. Address city, Iowa

**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.