S. No. 300
v. 10.48

0043

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

LED FEB 24 1953

State File No. 4742

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
c. LENGTH OF STAY (In this place): 9 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Audrain County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farber 0040 1
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): Walter
b. (Middle): Sylvester
c. (Last): Terry

4. DATE OF DEATH (Month) (Day) (Year): Feb 15, 1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 27, 1898

9. AGE (In years last birthday): 54 — 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): School Bus Operator

10b. KIND OF BUSINESS OR INDUSTRY: Transportation

11. BIRTHPLACE (City and State or Foreign Country): Roscoe, Missouri 10

12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Henry Terry

13b. MOTHER'S MAIDEN NAME: Biatha Chasteen

14. NAME OF HUSBAND OR WIFE: Margaret Terry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 494-07-0725

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Margaret Terry, Farber, Missouri

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of gall bladder — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 155X

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* Aug 10, 1952, *to* Feb 15, 1953, *that I last saw the deceased alive on* Feb 15, 1953, *and that death occurred at* 8 30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Graves M D

23b. ADDRESS: Mexico Mo

23c. DATE SIGNED: 2/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb 18, 1953

24c. NAME OF CEMETERY OR CREMATORY: Farber Cemetery

24d. LOCATION (City, town, or county) (State): Farber, Missouri

DATE REC'D BY LOCAL REG.: Feb 18, 1953

REGISTRAR'S SIGNATURE: Blanche Neely

FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: William D. Waters, Vandalia, Mo.

(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 William L Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.