

FILED JUN 15 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 17738

545

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE OKLAHOMA b. COUNTY TULSA	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TULSA	
c. LENGTH OF STAY (in this place) 8 DAYS		d. STREET ADDRESS (If rural, give location) 729 No. IRVINGTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) JULIA b. (Middle) FLORENCE c. (Last) TERRELL			4. DATE OF DEATH (Month) (Day) (Year) JUNE 8-1953		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH JUNE 22-1864		9. AGE (In years last birthday) 88		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) AUSTIN - TEXAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
10b. KIND OF BUSINESS OR INDUSTRY HOUSE		11. BIRTHPLACE (State or foreign country) AUSTIN - TEXAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME R.G. PARIS		13b. MOTHER'S MAIDEN NAME JANE SPENCER		14. NAME OF HUSBAND OR WIFE W.G. TERRELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS DYLE BROWN, RT.#2, BILLINGS, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 week	
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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)		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)		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 June 1953, to 8 June, 1953, that I last saw the deceased alive on 8 June, 1953, and that death occurred at 8:45P. m., from the causes and on the date stated above.

23a. SIGNATURE Karl L. Leindinger Jr (Degree or title) M.D.		23b. ADDRESS Republic, Mo		23c. DATE SIGNED 6-9-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 11-1953		24c. NAME OF CEMETERY OR CREMATORY LIKES-HOOD CEMETERY	
24d. LOCATION (City, town, or county) (State) LAWRENCE CO., MISSOURI		DATE REC'D BY LOCAL REG. 6-12-53		REGISTRAR'S SIGNATURE Edith Williamson	
25. FUNERAL DIRECTOR'S SIGNATURE John Dean Harris		ADDRESS Clever, Mo.			

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

0396
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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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.