

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

STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI

FILED JUL 27 1953

State File No. **25315**

BIRTH NO. _____

REG. DIST. NO. **146**

PRIMARY REG. DIST. NO. **3026**

Registrar's No. **291**

I. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence c. LENGTH OF STAY (In this place) 1 week d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Independence Sanitarium				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence Rural Blue d. STREET ADDRESS (If rural, give location) Courtney Road																	
3. NAME OF DECEASED (Type or Print) a. (First) Edna b. (Middle) Mariea c. (Last) TERHUNE		4. DATE OF DEATH (Month) (Day) (Year) July 11 1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 15, 1909		9. AGE (In years last birthday) 44		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Selfemployed		11. BIRTHPLACE (City and State or Foreign Country) Harrisonville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Christy				13b. MOTHER'S MAIDEN NAME Ella Manning				14. NAME OF HUSBAND OR WIFE James Terhune													
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 James Terhune, Courtney Rd., Indep. Mo.																	
MEDICAL CERTIFICATION																					
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Coronary Artery Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										INTERVAL BETWEEN ONSET AND DEATH 4 Mo							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.																					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 103X										20. AUTOPSY? YES <input checked="" 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)													
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 April 8, 1953 to July 11, 1953 that I last saw the deceased alive on July 11, 1953 and that death occurred at 3:30 PM, from the causes and on the date stated above.																					
23a. SIGNATURE (Degree or title) W. H. Allen M.D.												23b. ADDRESS Independence, Mo.				23c. DATE SIGNED July 13, 1953					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE July 14, 1953		24c. NAME OF CEMETERY OR CREMATOR Woodlawn Cemetery				24d. LOCATION (City, town, or county) (State) Independence, Missouri											
DATE REC'D BY LOCAL REG. 7-14-53				REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson ADDRESS Carson Funeral Home, Indep. Mo.													

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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 Richard R. Francis

Licensed Embalmer No. 4863

P. O. Address Dudley, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.