

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 3037 Registrar's No. 99

**1. PLACE OF DEATH**  
 a. COUNTY Lawrence  
 b. CITY OR TOWN McTernon  
 c. LENGTH OF STAY (in this place) 3 mos  
 d. FULL NAME OF HOSPITAL OR INSTITUTION First Mission Rest Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)  
 a. STATE MO  
 b. COUNTY Lawrence  
 c. CITY OR TOWN McTernon MO  
 d. STREET ADDRESS (If rural, give location) 316 E. Clay St

**3. NAME OF DECEASED**  
 a. (First) Lavinia  
 b. (Middle) Morrow  
 c. (Last) Terry  
 d. DATE OF DEATH (Month) (Day) (Year) June 26<sup>th</sup> 1954

**4. SEX** Female **5. COLOR OR RACE** White **6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **7. DATE OF BIRTH** Feb 9<sup>th</sup> 1873 **8. AGE** (In years) (Months) (Days) 81 4 17 **9. AGE AT LAST BIRTHDAY** (In years) (Months) (Days) 81 4 17 **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) at home **10b. KIND OF BUSINESS OR INDUSTRY** X **11. BIRTHPLACE** (City and State or Foreign Country) Indian Territory **12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** George Morrow **13b. MOTHER'S MAIDEN NAME** Mahaley Kelly **14. NAME OF HUSBAND OR WIFE** Sterting Terry

**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.** no **17. INFORMANT'S SIGNATURE OR NAME** Husband SA Terry **18. ADDRESS** McTernon Mo

**18. CAUSE OF DEATH**  
 Enter only one number 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) Carcinoma of bladder (primary)  
 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. 181X

**19a. DATE OF OPERATION** Nov 15, 1953 **19b. MAJOR FINDINGS OF OPERATION** Carcinoma of urinary bladder **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) \_\_\_\_\_ **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 birth, 1873, to June 26, 1954, that I last saw the deceased alive on May 6, 1954, and that death occurred at 8 A. M., from the causes and on the date stated above.**

**23a. SIGNATURE** (Degree or title) PA. James M.D. **23b. ADDRESS** 9 McTernon MO **23c. DATE SIGNED** 6-28-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify) burial **24b. DATE** June 28/54 **24c. NAME OF CEMETERY OR CREMATORY** 411-11 **24d. LOCATION** (City, town, or county) (State) near McTernon MO

**DATE REC'D BY LOCAL REG.** 6-28-54 **REGISTRAR'S SIGNATURE** Paul Dendrick **25. GENERAL DIRECTOR'S SIGNATURE** George B. Orr **ADDRESS** McTernon Mo

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

65504

0550

**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 George B. Dwe

Licensed Embalmer No. 946

P. O. Address MA Vernon MA

**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.