

FILED NOV 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32986

State File No.

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5105 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Benton - Union Twp</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edward, Mo - Rural</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Edwards</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>None</u>		e. STREET ADDRESS (If rural, give location) <u>Rural - R.T. I</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clement</u> b. (Middle) <u>G.</u> c. (Last) <u>Terry</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 4 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 2, 1919</u>	9. AGE (In years last birthday) <u>75</u> Months <u>9</u> Days <u>2</u>	10. IF ORDER IN U.S.A. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Francis Terry</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Scott</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Jane Terry</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes Spanish war</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clara Jane Terry</u>	ADDRESS <u>Edwards, Mo</u>
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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) _____		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Senile condition</u>		
	DUE TO (c) _____		
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from May 12, 1954 to Nov 3, 1954 that I last saw the deceased alive on Nov. 3, 1954, and that death occurred at 2:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <u>Worlwin Bereman, D.O.</u>	23b. ADDRESS <u>170 N. Main, Springfield, Mo</u>	23c. DATE SIGNED _____
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 7 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Climax Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Climax Springs, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 6 1954</u>	REGISTRAR'S SIGNATURE <u>Jas. H. Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Rosen</u>	ADDRESS <u>Warsaw</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 16 1954

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.....
Signature of Student Embalmer

Signed.....
John J. Reese

Licensed Embalmer No. 40

P. O. Address .. *Wass*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.