

33647

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 25 1954

 BIRTH NO. 68866-54 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 967

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Springfield</u>		c. LENGTH OF STAY (in this place) township) <u>13 1/2 Hrs.</u>	c. CITY OR TOWN <u>Fordland</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ozark Osteopathic Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1120</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pamela</u> b. (Middle) <u>Kay</u> c. (Last) <u>Terrill</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10/19/54</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>10/19/54</u>
9. AGE (In years last birthday) <u>13</u> <u>30</u> <u>30</u>		10. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Clifford Emerson Terrill</u>	
13b. MOTHER'S MAIDEN NAME <u>Anna Belle Green</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clifford E. Terrill</u>		ADDRESS <u>Fordland, Mo.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure</u> ANTECEDENT CAUSES <u>Sepsis</u> 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 <u>Sepsis due to presence of entire stem pessary within the cervical canal.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0534</u>	
20. AUTOPSY? YES <input 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) (Min.)		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 <u>10/19/54</u> , 19 <u>54</u> , to <u>10/19/54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10/19/54</u> , 19 <u>54</u> ; and that death occurred at <u>11:40P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. K. Hill</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Springfield Mo</u>	
23c. DATE SIGNED <u>10/20/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 20 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Union Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Webster County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-20-54</u>		REGISTRAR'S SIGNATURE <u>Loath Williamson</u>	
25. FUNERAL DIRECTOR'S ALTERNATE ADDRESS <u>Max S Miller Fordland, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 *Max S. Miller*.....

Licensed Embalmer No. *472*

P. O. Address *Fordland, Vt.*

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.