

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. SCHWEITZER
State File No. 32887

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 921

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CARROLL		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) 1 WK.	c. CITY OR TOWN BOGARD		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.			e. STREET ADDRESS (If rural, give location) 87th		

3. NAME OF DECEASED (Type or Print) a. (First) FLORENCE b. (Middle) _____ c. (Last) TERRILL			4. DATE OF DEATH (Month) (Day) (Year) OCT. 20 1955		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 15 1900	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) LETTS, IOWA		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME GEORGE W. SWOPE		13b. MOTHER'S MAIDEN NAME CARRIE E. DENHAM		14. NAME OF HUSBAND OR WIFE W.I. TERRILL (DECEASED)	
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. ?	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ELVA HARTLEY SPRINGFIELD, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinomatosis ANTECEDENT CAUSES Marbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of right breast DUE TO (c) _____ 170X 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 3 years
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Radical mastectomy in Kansas City 3 years ago		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) (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 10-8-55 19 to 10-19-55 19, that I last saw the deceased alive on 10-19-55, 19, and that death occurred at 12:53 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edith Williamson, M.D.		23b. ADDRESS Springfield, Missouri		23c. DATE SIGNED 10-20-55	
24a. DATE REC'D BY LOCAL REG. 10-21-55	24b. REGISTRAR'S SIGNATURE Edith Williamson	24c. NAME OF CEMETERY OR CREMATORY ROSE HILL CEM.	24d. LOCATION (City, town, or county) (State) BROOKFIELD, MO.		
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE Edith Williamson	ADDRESS SPRINGFIELD, MO.		

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 9 1953

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 *Lucien J. Levalley*

Licensed Embalmer No.

P. O. Address *Lucien J. Levalley*

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.