

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32888**

FILED OCT 31 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 949

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Webster					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, Missouri		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Rogersville,		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 Ozark Osteopathic Hospital				STREET ADDRESS (If rural, give location) 1120					
3. NAME OF DECEASED (Type or Print) a. (First) Loretta Clara Pearl			b. (Middle)		c. (Last) Terrill		4. DATE OF DEATH (Month) (Day) (Year) 10 25 1955		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married		8. DATE OF BIRTH 12/25/1892		9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Rogersville, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME O.W. Peck			13b. MOTHER'S MAIDEN NAME Mary Mills			14. NAME OF HUSBAND OR WIFE Mr. Jake Terrill			
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 ADDRESS Mr. Jake Terrill, Rogersville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Paralysis ANTECEDENT CAUSES DUE TO (b) Cerebral Hemorrhage Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Hypertension and Cerebral Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X				INTERVAL BETWEEN ONSET AND DEATH 11 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) (Minute)			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 10/25/55 , 19____, to 10/25/ , 19 55 , that I last saw the deceased alive on 10/25/55 , 19____, and that death occurred at 6:00P.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Deaf or title) Richard W. [Signature]				23b. ADDRESS 700 E. Sunshine Springfield, Missouri			23c. DATE SIGNED 10/25/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 28 OCT 55		24c. NAME OF CEMETERY OR CREMATORY WEST FINLEY CEMETERY		24d. LOCATION (City, town, or county) (State) WEBSTER Co, MISSOURI			
DATE REC'D BY LOCAL REG. 10-26-55			REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. K. Terrill Rogersville, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Wm K. Lovell*

Licensed Embalmer No. *4916*

P. O. Address *Rogersville*

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.