

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10249**

| | | | | | | | | | |
|---|--|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 390 | | PRIMARY REG. DIST. NO. 4442 | | Registrar's No. 2 | | | |
| 1. PLACE OF DEATH a. COUNTY Randolph | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | | | b. COUNTY Randolph | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higbee Mo | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN Higbee Mo | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION At home | | | | e. STREET ADDRESS (If rural, give location) 0880 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Mattie | | | b. (Middle) | | | c. (Last) Terrill | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) March 13 1956 | | | 5. SEX Female | | | 6. COLOR OR RACE White | | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | | 8. DATE OF BIRTH Nov 11 1871 | | | 9. AGE (In years last birthday) Months Days Hours Min. 84 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (City and State or Foreign Country) Salisbury Mo | | | |
| 12. CITIZEN OF WHAT COUNTRY? | | | 13a. FATHER'S NAME Melvin Hayden | | | 13b. MOTHER'S MAIDEN NAME Angeline Wilkins. | | | |
| 14. NAME OF HUSBAND OR WIFE | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | | 16. SOCIAL SECURITY NO. | | | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs Dave Magruder | | | ADDRESS Higbee 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Circulatory Failure | | | | INTERVAL BETWEEN ONSET AND DEATH 6 mo | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (b) Decompensated Hypertensive Heart Disease | | | | 6 months | |
| | | | | DUE TO (c) Arteriosclerosis (Advanced) | | | | 2 | |
| 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"/> | | | |
| 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) 443X | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | | 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 Feb 27, 1956 , to March 13, 1956 , that I last saw the deceased alive on March 13, 1956 , and that death occurred at 5:25 A.M. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Bur Y. Brolinson | | | | (Degree or title) D.O. | | | | 23b. ADDRESS Higbee Mo. | |
| 23c. DATE SIGNED 3-15-56 | | | | | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE March 15-56 | | 24c. NAME OF CEMETERY OR CREMATORY City | | 24d. LOCATION (City, town, or county) (State) Higbee Mo | | | |
| DATE REC'D BY LOCAL REG. 3-15-56 | | REGISTRAR'S SIGNATURE Joe W Burton | | 25. FUNERAL DIRECTOR'S SIGNATURE Burton Funeral Home. | | | | ADDRESS Higbee 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
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. Miller Audette*

Licensed Embalmer No. *7*

P. O. Address *Gladys*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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. -