

FILED OCT 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5370 Registrar's No. 90

1. PLACE OF DEATH
a. COUNTY Daviess

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Daviess

b. CITY (If outside corporate limits, write RURAL and give township) Rural Union Twp.
c. LENGTH OF STAY (in this place) Several Yrs.

c. CITY OR TOWN Rural Union
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 5 Mi. N.E. Gallatin, Mo.
STREET ADDRESS (If rural, give location) 5 Mi. N.E. Gallatin, Mo.

3. NAME OF DECEASED
a. (First) Walter b. (Middle) Monroe c. (Last) Terry
4. DATE OF DEATH Sept. 23 1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Aug. 15, 1911 9. AGE (In years last birthday) 45 45 0310

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm Owner 11. BIRTHPLACE (City and State or Foreign Country) Daviess Co., Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME David Newton Terry 13b. MOTHER'S MAIDEN NAME Lenora Ogden 14. NAME OF HUSBAND OR WIFE Dorothy Terry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or date of service) ---
16. SOCIAL SECURITY NO. 491-42-4841 17. INFORMANT'S SIGNATURE OR NAME Dorothy Terry, Gallatin, Missouri ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcoma R. Lung Jan 56
ANTECEDENT CAUSES
DUE TO (b) Metastasis to left
DUE TO (c) Lung
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH Mar. 56

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 163X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan, 1956, to Sept 23, 1956 that I last saw the deceased alive on Sept. 23, 1956, and that death occurred at 8:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Floyd E. Nelson M.D. 23b. ADDRESS Gallatin, Mo. 23c. DATE SIGNED 9-24-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9-25-1956 24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery 24d. LOCATION (City, town, or county) (State) Gallatin, Missouri

DATE REC'D BY LOCAL REG. 9-27-56 REGISTRAR'S SIGNATURE Virginia M. Engelhart 25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home ADDRESS Hope Funeral Home, Gallatin, Mo.

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

MAR 23 1959

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 *L. O. Richerson*.....

Licensed Embalmer No. *3302*.....

P. O. Address *Gallatin*.....

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.