S. No. 300
v. 10.48

FILED APR 4 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7837

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4060 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY Caldwell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Breckenridge
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Died in his own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 01300
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Walter To mlin b. (Middle) Terrill c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) 3- 28- 57

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3/11/89
9. AGE (In years last birthday) 68 — 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) Decorator
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Livingston County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.S.

13a. FATHER'S NAME William Terrill
13b. MOTHER'S MAIDEN NAME Eliza Tomlin
14. NAME OF HUSBAND OR WIFE Elsie Terrill

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. 498-18-5708
17. INFORMANT'S SIGNATURE OR NAME Elsie Terrill Breckenridge, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) myocardial arteriosclerotic drive — 2 years
DUE TO (c)

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 4201
20. AUTOPSY? YES ☐ NO ☒ 2

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) m.
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 _____, 1957, to* March 28, 1957, *that I last saw the deceased alive on* March 20, 1957, *and that death occurred at* 5:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Howard Carter M.D.
23b. ADDRESS Hamilton, Mo
23c. DATE SIGNED 3/20/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 31, 1957
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cem.
24d. LOCATION (City, town, or county) (State) Breckenridge, Mo

DATE REC'D BY LOCAL REG. 3-31-1957
REGISTRAR'S SIGNATURE Mrs. Ruth Anne Twyggart
25. FUNERAL DIRECTOR'S SIGNATURE MEAD Funeral Service by ADDRESS Breckenridge, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

499
0

APR 11 1957

JAN 23 1959

MAY 2 1957

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 .....
Student Embalmer

Signed Bernard L. Wood

Licensed Embalmer No. 2801

P. O. Address Braymer

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 this body is not embalmed, fact should be so stated above.