FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25784
STATE FILE NUMBER

Registration District No. 295 Primary Registration District No. 4443 Registrar's No. 278

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Huntsville — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Rock Street — Length of stay in Hospital: 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Sedgwick
c. CITY OR TOWN: Wichita 918 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3345 Rosebury Drive — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Dorothy Middle: Lee Last: Terry

4. DATE OF DEATH Month: July Day: 29 Year: 1957

5. SEX: female 3

6. COLOR OR RACE: negro

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: May 2, 1921

9. AGE (In years last birthday): 36 — 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 country): Huntsville, Missouri

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Harry Smith

14. MOTHER'S MAIDEN NAME: Lillie May Rout

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: William F. Terry: 3345 Rosebury Drive: Kans. Wichita

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 45 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension — 5yr
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12/10/56, to 7/29/57 and last saw her alive on 7/29/57
Death occurred at 5 a. m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): O. V. Dreyer MD

22b. ADDRESS: Huntsville, Mo.

22c. DATE SIGNED: 7/30/57

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: Aug. 1, 1957

23c. NAME OF CEMETERY OR CREMATORY: Huntsville Cemetery

23d. LOCATION (City, town, or county) (State): Huntsville, Missouri

24. FUNERAL DIRECTOR ADDRESS: Tom B Patton Huntsville

25. DATE RECD. BY LOCAL REG.: July 31, 1957

26. REGISTRAR'S SIGNATURE: Mary H Butler

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Tom B. Patton

Licensed Embalmer No. 38

P. O. Address Huntsi

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.