V.S. No. 300
Rev. 10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 30 1958

State File No. 58-022926

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 136

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

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Co. Moberly Hospital
c. LENGTH OF STAY (in this place): hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Clifton Hill
d. STREET ADDRESS (If rural, give location): On 24, ½ mi E of Chariton Co.

3. NAME OF DECEASED (Type or Print)
a. (First): Drusilla
b. (Middle): Jane
c. (Last): Terry

4. DATE OF DEATH (Month) (Day) (Year): June 15, 1958

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: Nov. 4, 1904
9. AGE (In years last birthday): 53 — 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): Housekeeper (home)
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Brentwood, Arkansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Robert John Wilson
13b. MOTHER'S MAIDEN NAME: Addie Laura Brown
14. NAME OF HUSBAND OR WIFE: Ralph Terry, Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - - - - -
16. SOCIAL SECURITY NO.: 497-42-1408
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Ralph Terry, Salisbury, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Subarrachnoid hemorrhage	5 hrs
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Fractured Skull	5 hrs
DUE TO (c)	Multibale fractures & contusions	5 hrs
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? 2 YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): H.W. #24 West 4
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Moberly (Sugar Creek) Randolph MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 15 1958 221 A.M.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Heddon collision 2 Automobiles

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 7:18 A.M., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dwight S. Jolly DO. Coroner 3
23b. ADDRESS: 203½ N. Clark St Moberly Mo
23c. DATE SIGNED: 6-16-58

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6/18/58
24c. NAME OF CEMETERY OR CREMATORY: Clifton Hill Cemetery
24d. LOCATION (City, town, or county) (State): Clifton Hill, Mo.

DATE REC'D BY LOCAL REG.: 6/18/58
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Chas B Winkelmeyer Salisbury Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 30 1958

JUL 3 1958

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 Chas B. Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, Mo.

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.