Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009107
STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 173A

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSPITAL — Length of stay in 1b: 3 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY WEBSTER
c. CITY OR TOWN FORDLAND — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) ROUTE 2 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First MARY Middle DeETTA Last TERRILL

4. DATE OF DEATH Month FEB Day 17 Year 1959

5. SEX FEMALE **6. COLOR OR RACE** WHITE **7.** MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ] **8. DATE OF BIRTH** FEB-14-1959

9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months — Days 3 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT **10b. KIND OF BUSINESS OR INDUSTRY** INFANT **11. BIRTHPLACE** (City and state or country) MARSHFIELD, MISSOURI **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME Willard TERRILL **13b. MOTHER'S MAIDEN NAME** Hazel CORNELISON **14. NAME OF HUSBAND OR WIFE**

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.** NONE **17. INFORMANT** Willard Terrill Address Fordland, Mo

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 causally related.

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) Spinal meningitis, acute — INTERVAL BETWEEN ONSET AND DEATH: 3 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Congenital heart disease 3403

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 2-14-59, to 2-17-59 and last saw her/him alive on 2-17-59
Death occurred at 11:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE David D Thomason (Degree or title) M.D. **22b. ADDRESS** 163 W Jefferson **22c. DATE SIGNED** 3-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **23b. DATE** FEB 19-1959 **23c. NAME OF CEMETERY OR CREMATORY** UNION CHAPEL CEMETERY **23d. LOCATION** (City, town, or county) (State) CHRISTIAN CO MISSOURI

24. FUNERAL DIRECTOR Kelley-Feyrell **ADDRESS** FORDLAND, MO **25. DATE RECD. BY LOCAL REG.** 3-19-59 **26. REGISTRAR'S SIGNATURE** Effie B. Mellon

(Licensed Embalmer's Statement on Reverse Side)

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 Don G. Ferrell

Licensed Embalmer No. 4847

P. O. Address Mansfield, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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