

No. 2
-1/47
-17.39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16190**

FILED MAY 27 1948
Registration District No. **1948**

Primary Registration District No. **5366**

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 10 miles southwest of Banner
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Edith Orilla Trollinger

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fem 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Henry Trollinger

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Sept. 27 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>7</u>	<u>8</u>	hr. min

9. Birthplace Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

12. Name Samuel LaRue

13. Birthplace Crawford Co., Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Victoria May Turnbough

15. Birthplace Crawford Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Trollinger
(b) Address Goodland Mo.

17. (a) burial (b) Date thereof 5-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodland Mo.

18. (a) Signature of funeral director White Funeral Home
(b) Address Ironton Mo.

19. (a) May 21 - 1948 (b) Mrs. Elizabeth Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1948 hour 12:20 am minute M.

21. I hereby certify that I attended the deceased from April 2 1948 to May 5 1948
that I last saw her alive on May 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Embolia

Due to Operative

Other conditions (include pregnancy within 3 months of death) none

Major findings: Pericardial Ripper

Of operations Anterior Calponophy

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature George E. Guy (M. D. or other) md

Address Ironton Mo Date signed 5-7-48

PHYSICIAN
Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 548-663

Date Filed 5-26-48

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed Gravelly White

Licensed Embalmer No. 2012

P. O. Address Greenville S.C.

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.