

FILED MAY 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15181

17  
20

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5792 Registrar's No. 42

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Carroll</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)<br>a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>   |  |
| b. CITY, OR TOWN <u>Rural "Combs Twp"</u>   | c. LENGTH OF STAY (In this place) <u>Life</u>   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Rural "Combs Twp"</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. E. of Carrollton</u>   |   | d. STREET ADDRESS (If rural, give location)<br><u>4 mi. E. of Carrollton</u>   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>ROBERT</u> c. (Last) <u>TROTTER</u>   |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>May 3 1949</u>   |  |
| 5. SEX <u>M</u>   | 6. COLOR OR RACE <u>W</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Never Married</u>   | 8. DATE OF BIRTH <u>Feb 15 1867</u>                    |
| 9. AGE (In years last birthday) <u>82</u>   | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farming</u> | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (State or foreign country)<br><u>Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.</u>  |   | 13a. FATHER'S NAME <u>William Trotter</u>  |  |
| 13b. MOTHER'S MAIDEN NAME <u>Eliza Tomlin</u>   |   | 14. NAME OF HUSBAND OR WIFE <u>Wife</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |   | 16. SOCIAL SECURITY NO. <u>4</u>   |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. Fox Huddleston</u>   |   | ADDRESS<br><u>Carrollton Mo</u>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                         |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RA. Reni degin</u><br>INTERVAL BETWEEN ONSET AND DEATH* <u>5 da.</u><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>hypertension</u><br>DUE TO (c) <u>arteriosclerosis</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>none</u><br>INTERVAL BETWEEN ONSET AND DEATH* <u>5 yrs?</u><br><u>442X</u> |  |
| 19a. DATE OF OPERATION  |   | 19b. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   |  |  |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |
| 21f. HOW DID INJURY OCCUR?  |   |  |  |
| 22. I hereby certify that I attended the deceased from <u>April 30, 1949</u> to <u>May 3, 1949</u> that I last saw the deceased alive on <u>May 2, 1949</u> , and that death occurred at <u>9:12 pm</u> from the causes and on the date stated above. |   |  |  |
| 23a. SIGNATURE<br><u>R. Hamblen</u>   |   | 23b. ADDRESS<br><u>Carrollton Mo</u>   |  |
| 23c. DATE SIGNED<br><u>May 4 1949</u>   |   |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |   | 24b. DATE<br><u>May 5 1949</u>   |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br><u>Trotter Cem.</u>   |   | 24d. LOCATION (City, town, or county) (State)<br><u>Carroll Co Mo</u>  |  |
| DATE REC'D BY LOCAL REG.<br><u>5/4/49</u>   |   | REGISTRAR'S SIGNATURE<br><u>Mo Herbert Calvert</u>   |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Stanley Gibson</u>   |   | ADDRESS<br><u>Carrollton Mo</u>  |  |

MAY 16 RECD

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-18-49

**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.....

*Wm R Koch*

Student Embalmer No. ....

working under my personal supervision.

Signed *Ben W Gibson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2961

P. O. Address *Carrollton 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.