

Northon
S. No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG-21 1949

State File No. 27440

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

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 2760		Registrar's No. 741	
1. PLACE OF DEATH a. COUNTY <i>Marion Liberty Twp</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Marion</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Liberty Twp North of Hwy</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>Harrisbal</i>		3. _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Troppman Camp 3</i>				d. STREET ADDRESS (If rural, give location) <i>2018 Hope St.</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Frieda</i> b. (Middle) <i>S.</i> c. (Last) <i>Troppman</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>August 7 1949</i>				
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married</i>		8. DATE OF BIRTH <i>August 27 1877</i>	
9. AGE (In years last birthday) <i>71</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Dress Maker</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>ST Louis, MO</i>	
11. BIRTHPLACE (State or foreign country) <i>MO</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>					
13a. FATHER'S NAME <i>August F. Troppman</i>			13b. MOTHER'S MAIDEN NAME <i>Sophia Dreyer</i>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>Agnes Troppman</i> ADDRESS <i>2018 Hope Harrisbal MO</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Coronary Occlusion</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Hypertension</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i> <i>year</i> <i>4:20</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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)		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 <i>Aug 1</i> , 19 <i>49</i> , to <i>Aug 7</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>8-6</i> , 19 <i>49</i> , and that death occurred at <i>6 A</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>H B Northon M D</i> (Degree or title)				23b. ADDRESS <i>Harrisbal MO</i>		23c. DATE SIGNED <i>8/16/49</i>	
24a. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>8-9-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>MT Olive Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Harrisbal Marion MO</i>	
DATE REC'D BY LOCAL REG. <i>8-20-49</i>		REGISTRAR'S SIGNATURE <i>W. G. M. [Signature]</i>		FUNERAL DIRECTOR'S SIGNATURE <i>James O. Russell</i>		ADDRESS <i>Harrisbal MO</i>	

(Licensed Embalmer's Statement on Reverse Side)

PLATE 6 1939

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 Michael J. O'Rourke

Licensed Embalmer No. 3246

P. O. Address Hannibal, 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.