

FILED FEB 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3732

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (In this place) <u>50 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		<u>0013</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>501 S. Haliburton St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SETH</u>		b. (Middle) <u>M</u>		c. (Last) <u>TROWBRIDGE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>October 28, 1876</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u>		IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Selling Real estate</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real estate</u>		11. BIRTHPLACE (State or foreign country) <u>Macon Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>B.J. Trowbridge</u>		13b. MOTHER'S MAIDEN NAME <u>Angeline Minard</u>		14. NAME OF HUSBAND OR WIFE: <u>Agnes Trowbridge</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Agnes Trowbridge, Kirkville, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxic coma</u>  ANTECEDENT CAUSES <u>Uremia the result of pyonephrosis and extensive metastasis from</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>and extensive metastasis from</u> DUE TO (c). <u>Carcinoma of recto-sigmoid</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>12-22-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>metastasis Colostomy for cancer of recto-sigmodi with/</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>12-21-</u> 19 <u>49</u> to <u>1-31-50</u> , 19____, that I last saw the deceased alive on <u>1-31-50</u> , 19____, and that death occurred at <u>12:25P.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Deeds or title) <u>Carl Laughlin J. D.O.</u>				23b. ADDRESS <u>Kirkville, Mo.</u>		23c. DATE SIGNED <u>2-9-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-2-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hills Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-9-50</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Davis Funeral Home, Kirkville, Mo.</u>			

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RECEIVED FEB 9 1950  
District Health Officer No. 10  
District File Number 2-50-2  
Date Filed FEB 9 1950

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, ~~only~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Clarence M. Billo

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4375

P. O. Address Kirkville, 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.