

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12332

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 58

0241

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>	
c. LENGTH OF STAY (In this place) <u>4</u>		d. STREET ADDRESS (If rural, give location) <u>Bickwick Apts</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Bickwick Apts</u>			

3. NAME OF DECEASED a. (First) <u>THOMAS</u> b. (Middle) <u>HENRY</u> c. (Last) <u>TRENDLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 9, 1950</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 1, 1889</u>	9. AGE (In years, last birthday) (Months) (Days) (Hours) (Mins.) <u>60</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter at Elm Hotel</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St Charles Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Thomas Trendley</u>	13b. MOTHER'S MAIDEN NAME <u>Anna E. Finley</u>	14. NAME OF HUSBAND OR WIFE <u>Jesse Trendley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <u>Jesse Trendley - U. Sprng. Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lympho-sarcoma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Lympho-sarcoma</u> DUE TO (c) <u>Lympho-sarcoma</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2001	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov. 10, 1949, to Apr 9, 1950, that I last saw the deceased alive on Apr 9, 1950, and that death occurred at 6 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lester Dawson M.D.</u>	23b. ADDRESS <u>Excelsior Springs Mo</u>	23c. DATE SIGNED <u>4-9-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4-9-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>
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DATE REC'D BY LOCAL REG. <u>4/9/50</u>	REGISTRAR'S SIGNATURE <u>Barolini Gutting</u>	25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>Walter Carrollton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

MAY 1

District Health Officer No. 8,

File Number \_\_\_\_\_

Date Filed 5/4/50

MAY 5 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, or by \_\_\_\_\_

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

working under my personal supervision.

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

Signed Ben W. Gibson

Licensed Embalmer No. 2966

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.