

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5781 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>MO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Applecreek</u>		b. COUNTY <u>Cape Gir</u>	
c. LENGTH OF STAY (in this place) <u>7 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Applecreek</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 Miles East Oak Ridge</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 Mile East Oak Ridge</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ben</u>			b. (Middle)			c. (Last) <u>Trifonoff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 25, 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>Sep. 18, 1880</u>		9. AGE (In years last birthday) <u>69</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steel Worker</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Foundry</u>		11. BIRTHPLACE (State or foreign country) <u>Bulgaria</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		

13a. FATHER'S NAME <u>Trifon Trifonoff</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>Ethel Trifonoff</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) <u>no</u>		16. SOCIAL SECURITY NO. <u>333-03-1163</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ethel Trifonoff, Oak Ridge Mo</u>		ADDRESS <u>Oak Ridge 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lymph Stomach</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>157.A</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Dr. Only, 1942, to May 24, 1950, that I last saw the deceased alive on May 25, 1950, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R.D. Blylock M.D.</u>		23b. ADDRESS <u>Oak Ridge Mo</u>		23c. DATE SIGNED <u>5-27-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 28, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Applecreek</u>		24d. LOCATION (City, town, or county) (State) <u>Pocahontas MO</u>	
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DATE REC'D BY LOCAL REG. <u>burial</u>		REGISTRAR'S SIGNATURE <u>D. S. Linton 43</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. C. Crowe & Jackson, Inc.</u>		ADDRESS <u>MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0961 52 N118

JUN 8 1950

HEALTH OFFICE No.

650-753

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Gene C. Crawford

Signed.....
Student Embalmer

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.