No. 300
10.48

FILED JUL 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22741

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5109 Registrar's No. 55

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

1. PLACE OF DEATH
a. COUNTY: Bollinger
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Crooked Creek
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Bollinger
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Crooked Creek 9095
d. STREET ADDRESS (If rural, give location): 8 miles north of Lutesville Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Sebella
b. (Middle): Elesbath
c. (Last): Trentham

4. DATE OF DEATH (Month) (Day) (Year): July 6 1950

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Feb. 13/1860
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months 4, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: David Yount
13b. MOTHER'S MAIDEN NAME: Amanda Yount
14. NAME OF HUSBAND OR WIFE: William Trentham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: James Trentham ADDRESS: Bessville Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Infirmities of old age
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: Sol X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1st, 1947, *to* July 6th, 1950, *that I last saw the deceased alive on* July 3rd, 1950, *and that death occurred at* ✓ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edw. Crites Jr. MD
23b. ADDRESS: Sedgewickville Mo.
23c. DATE SIGNED: 7/7/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 7/1950
24c. NAME OF CEMETERY OR CREMATORY: Plainview
24d. LOCATION (City, town, or county) (State): Bollinger Mo.

DATE REC'D BY LOCAL REG.: July 15, 1950
REGISTRAR'S SIGNATURE: Willie Van Auburghe 25
25. FUNERAL DIRECTOR'S SIGNATURE: Glen E Kinder ADDRESS: Lutesville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 18 1950
District Health Office No. 6,
District File Number _____
Date Filed _____

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 G. O. Laird

Licensed Embalmer No. 4538

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.