

FILED OCT 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32843**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **389** PRIMARY REG. DIST. NO. **5161** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Cedar Top 2 yo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Cedar Top 2 yo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7 mi West New Bloomfield</b>		d. STREET ADDRESS <b>7 mi West New Bloomfield</b>	
3. NAME OF DECEASED a. (First) <b>Elsie</b> b. (Middle) <b>Evelyn</b> c. (Last) <b>Trowbridge</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 15-50</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 11-1888</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	9. AGE (In years last birthday) <b>62</b> <b>4</b> <b>26</b> IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Shelby County, Kansas</b>
13a. FATHER'S NAME <b>D. B. Dawson</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Baker</b>	14. NAME OF HUSBAND OR WIFE <b>Fred W. Trowbridge</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>J. W. Trowbridge</b>
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) <b>Myocardial Infarction</b> 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.	
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) (Min.)		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 <b>Oct 1</b> 1944, to <b>Oct 15</b> , 1950, that I last saw the deceased alive on <b>Oct 15</b> , 1950, and that death occurred at <b>4-30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>E. M. Risk</b>		23b. ADDRESS <b>New Bloomfield Mo</b>	
23c. DATE SIGNED <b>Oct 16-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Oct 18-50</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Hopewell Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>7 mi West New Bloomfield Mo</b>	
DATE REC'D BY LOCAL REG. <b>Oct 16-50</b>		REGISTRAR'S SIGNATURE <b>L. H. Clapp</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Hall Clayton</b>		ADDRESS <b>New Bloomfield Mo</b>	

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

0140

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT 24 1950

RECEIVED

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 Lebery Claypool

Licensed Embalmer No. 4412

P. O. Address New Bloomfield Pa

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.