

FILED DEC 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36323

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5153 Registrar's No. 40

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

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kingston, Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kingston Rural	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Fredricka b. (Middle) Annie c. (Last) Trotter			4. DATE OF DEATH (Month) (Day) (Year) II 17 50		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 9 1885	9. AGE (In years last birthday) 65	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Iowa	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Hugh Smith		13b. MOTHER'S MAIDEN NAME Ella Smith		14. NAME OF HUSBAND OR WIFE Jessiev A. Trotter	
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 Jessie A. Trotter, Kingston, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)		Arteriosclerotic heart disease			2 year	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS				
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) Hamilton Caldwell MO.		
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 9-15, 1950, to 11-17, 1950, that I last saw the deceased alive on 11-17, 1950, and that death occurred at 9a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank R. Daley, M.D.		23b. ADDRESS Hamilton, Missouri		23c. DATE SIGNED 11-17-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Prarie Ridge		24d. LOCATION (City, town, or county) (State) Caldwell County, MO.	
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DATE REC'D BY LOCAL REG. Dec 1-1950		REGISTRAR'S SIGNATURE Gladys Jones 37		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cramer Clark Kingston, Mo.	
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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 Cramm Clark.....

Licensed Embalmer No. 3257.....

P. O. Address Kingston, 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.