

STANDARD CERTIFICATE OF DEATH

State File No. **31086**

FILED OCT 10 1951

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **99**

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

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Pike	
b. CITY OR TOWN Louisiana		c. CITY OR TOWN Louisiana , 0821	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 500 Douglas St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 415 Delaware			

3. NAME OF DECEASED (Type or Print) a. (First) Marvin	b. (Middle) --	c. (Last) Trower	4. DATE OF DEATH (Month) (Day) (Year) Sept. 28, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married	8. DATE OF BIRTH Aug. 3, 1892	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Hours 25	IF UNDER 4 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY Painting	11. BIRTHPLACE (State or foreign country) Louisiana, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Abel L. Trower	13b. MOTHER'S MAIDEN NAME Cora Kilby	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes World War # I	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lloyd Trower, Louisiana, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH ---
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbidity 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 None	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) 4201
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on **Sept 28, 1951**, and that death occurred at **9:00A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. C. Mudd Coroner	23b. ADDRESS Baseling House Mo	23c. DATE SIGNED Oct-1-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/30/51	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Louisiana, Mo.
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DATE REC'D BY LOCAL REG. Oct 1, 1951	REGISTRAR'S SIGNATURE Bernice Collier	374	EMERALD DIRECTOR'S SIGNATURE George D. Wagner	ADDRESS Louisiana, Mo.
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OCT 19 1957

Date Received: OCT 8 1957
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1773
Date Filed: OCT 8 1957

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:

Signed.....
Student Embalmer

Signed

George C. Wagner

Student Embalmer No.

Licensed Embalmer No.

3773

P. O. Address

Louisiana, 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.