

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

845

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>929-HARDESTY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MAJORS CLINIC</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>H.</u> c. (Last) <u>TREBILCOTT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 21-52</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT 26-84</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>ENGLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>RICHARD TREBILCOTT</u>	13b. MOTHER'S MAIDEN NAME <u>W.M.K.</u>	14. NAME OF HUSBAND OR WIFE <u>CATHERINE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or not known) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W.M.C. Trebilcott</u>
		ADDRESS <u>K.C.Mo</u>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> <u>a few hours</u>		
	DUE TO (c) <u>Cerebral arteriosclerosis</u> <u>a few years</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>3324</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Feb 20th, 1952 to Feb 21st, 1952, that I last saw the deceased alive on Feb 21st, 1952, and that death occurred at 2:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Herman S. Major</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>3100 Euclid Ave Kansas City Mo</u>	23c. DATE SIGNED <u>2/21/52</u>
24a. BURIAL, CREMATION, REMOVAL	24b. DATE <u>2-23-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
DATE REC'D BY LOCAL REG. <u>2-22-52</u>	REGISTRAR'S SIGNATURE <u>Gerardine Holman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Smith</u>	ADDRESS <u>K.C. Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

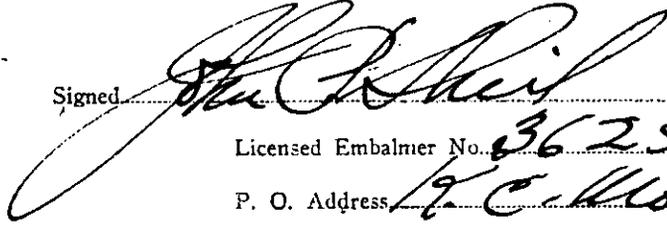
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3625

P. O. Address 1900

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.