

no. 300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5984

State File No.

FILED MAR -4-1952

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4405 Registrar's No. 62

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| 1. PLACE OF DEATH a. COUNTY <u>Pettie</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettie</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green Ridge</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green Ridge</u> <u>1800</u> | |
| c. LENGTH OF STAY (In this place) <u>4 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|-------------------------------------|---------------------------|--------------------------|------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>William</u> | b. (Middle) <u>Henry</u> | c. (Last) <u>Trone</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | <u>2-26-1952</u> |

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|--------------------|-------------------------------|---|-----------------------------------|---|------------------------|----------------------|-------|------|
| 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>7-14-1867</u> | 9. AGE (In years last birthday) <u>84</u> | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Days | Hours | Min. |
|--------------------|-------------------------------|---|-----------------------------------|---|------------------------|----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Grain Elevator</u> | 11. BIRTHPLACE (State or foreign country) <u>Ohio</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Henry Trone</u> | 13b. MOTHER'S MAIDEN NAME <u>Eveline Brown</u> | 14. NAME OF HUSBAND OR WIFE <u>Elizabeth Trone</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Frank Mackey Green Ridge Mo.</u> |
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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, asthenia, 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) <u>Chronic myocardial disease</u> | | |
| | 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. <u>Chronic nephritis, arteriosclerosis</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>14 42 X</u> | 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) |
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|--|--|----------------------------|
| 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? |
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22. I hereby certify that I attended the deceased from Dec 12, 1951, to Feb 26, 1952, that I last saw the deceased alive on Feb 26, 1952, and that death occurred at 2:57 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>H. A. Hite</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Green Ridge, Mo</u> | 23c. DATE SIGNED <u>2-27-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2-28-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Green Ridge</u> | 24d. LOCATION (City, town, or county) (State) <u>Green Ridge Mo.</u> |
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| DATE REC'D BY LOCAL REG <u>2/27/52</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul M Moore De Monte Mo</u> |
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351-0 (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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.