

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13291

State File No. ....

FILED APR 26 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5570 Registrar's No. 154

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 OR TOWN <u>Buckner</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buckner</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Route # 1 Ft. Osage</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route # 1 Ft. Osage</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Fred</u>	b. (Middle) <u>Allen</u>	c. (Last) <u>Trabue</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 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>Married</u>	8. DATE OF BIRTH <u>June 27, 1910</u>	9. AGE (In years last birthday) <u>41</u>	# UNDER 1 YEAR <u>9</u> Months	# UNDER 24 HRS. <u>16</u> Days	# UNDER 1 MIN. _____ Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Hand</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pacific R.R.</u>	11. BIRTHPLACE (State or foreign country) <u>Independence, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Trabue</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Roach</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Florence G. Trabue</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-12-0753</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Fred Trabue Buckner 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, ashenia, 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>Coronary Thrombosis</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 May 1, 1951, to April 13, 1952, that I last saw the deceased alive on April 13, 1952, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Higgins D.O.</u> (Degree or title)	23b. ADDRESS <u>Buckner Mo.</u>	23c. DATE SIGNED <u>4/16/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/16/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Co., Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-16-52</u>	REGISTRAR'S SIGNATURE <u>J. M. Higgins</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Roland R. Speaks Indx. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

480  
154

MAY 9 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 \_\_\_\_\_

*Raymond M. Hardy*

Student Embalmer No. *452*

working under my personal supervision.

Student *Raymond M. Hardy*  
Student Embalmer

Signed *Roland R. Speake*

Licensed Embalmer No. *3604*

P. O. Address *Judy me*

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.