

FILED JUN 2 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17680

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY RIPLEY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. FRANCOIS - 1st (Township) FARMINGTON		c. CITY (If outside corporate limits, write RURAL and give township) RURAL (JORDAN TOWNSHIP)	
c. LENGTH OF STAY (If this place) 5M, 12 Das.		d. STREET ADDRESS (If rural, give location) DONIPHAN, MO. Rt. #2 0910	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) STATE HOSPITAL #4			

3. NAME OF DECEASED (Type or Print) a. (First) LEMUEL b. (Middle) ELVIS c. (Last) TROTTER			4. DATE OF DEATH (Month) (Day) (Year) MAY 22, 1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH MAY 29, 1893		9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months 11 Days 23 IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI	
				12. CITIZEN OF WHAT COUNTRY? USA.	

13a. FATHER'S NAME ANDREW TROTTER		13b. MOTHER'S MAIDEN NAME LARGENA THOMPSON		14. NAME OF HUSBAND OR WIFE CAMELLIA TROTTER	
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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) YES WORLD WAR I		16. SOCIAL SECURITY NO. 494-09-0469		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CAMELLIA TROTTER - DONIPHAN, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis of lungs			INTERVAL BETWEEN ONSET AND DEATH 6 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the left upper lobe			6 months
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis			Unk.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 162X	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)
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 Dec. 10, 1951, to May 22, 1952, that I last saw the deceased alive on May 22, 1952, and that death occurred at 12:50 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John A. Brennan, M.D.	23b. ADDRESS State Hospital No. 1 Farmington, Missouri	23c. DATE SIGNED 5-28-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 5/22/52	24c. NAME OF CEMETERY OR CREMATORY BROOKS CEMETERY	24d. LOCATION (City, town, or county) (State) RIPLEY COUNTY, MO.
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DATE REC'D BY LOCAL REG. May 28, 1952	REGISTRAR'S SIGNATURE Gather Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE 289-09 BLACK-EDWARDS FUN. Home - Doniphan, Mo.	ADDRESS Doniphan, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Walter Adamson

Licensed Embalmer No. 4351

P. O. Address FREDERICKTOWN, MD.

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.

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