

S. No. 100
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21220

State File No. _____

2650
1

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

JUL 9 1952

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5770 Registrar's No. 39

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Mercer</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Mercer</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Madison Twp.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Madison Twp.</u> <u>0650</u> | |
| c. LENGTH OF STAY (in this place) <u>Life</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Russell</u> b. (Middle) <u>Paul</u> c. (Last) <u>Trainer</u> | | 4. DATE OF DEATH <u>July 1-52</u> (Month) (Day) (Year) | |
| 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>Feb. 3, 1892</u> |
| 9. AGE (In years last birthday) <u>60</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mercer Co., Mo.</u> <u>U</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Harve Trainer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Huff</u> | 14. NAME OF HUSBAND OR WIFE <u>Ida Trainer</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u> | | 16. SOCIAL SECURITY NO. <u>X</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ida Trainer Mill Grove, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY ATHEROSIS</u> 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 <u>None</u> | 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 <u>July 1, 1952</u> to <u>July 1, 1952</u> , that I last saw the deceased alive on <u>July 1, 1952</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>D. S. Brinston M.D. Princeton, Mo.</u> | | 23b. ADDRESS | 23c. DATE SIGNED <u>July 4-52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7-4-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Brummitt Ceme.</u> | 24d. LOCATION (City, town, or county) (State) <u>Mercer Co. Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>7-7-52</u> | REGISTRAR'S SIGNATURE <u>Hall</u> <u>393</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Martin Funeral Home Princeton, Mo</u> | |

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 Irax Martin

Licensed Embalmer No. 3760

P. O. Address Pineville, 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.