

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26923

State File No.

No. 300
10-48
JUL 29 1952

BIRTH NO. REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6195 Registrar's No. 16

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Texas 1079</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Texas</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kinderhook, Mo</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Boone Twp</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>near Kinderhook</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In His Home Boone, Mo</u> | | | |

| | | | | |
|--|------------|--------------------------|-----------|--|
| 3. NAME OF DECEASED (Type or Print) <u>FRANK</u> | a. (First) | b. (Middle) <u>TROUT</u> | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 20, 1952</u> |
|--|------------|--------------------------|-----------|--|

| | | | | |
|---------------------|------------------|--|-------------------------------------|---|
| 5. SEX <u>M D W</u> | 6. COLOR OR RACE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH <u>May 7, 1977</u> | 9. AGE (In years) (If under 1 year: Month) (Days) (If under 1 hr.: Hour) (Min.) <u>75</u> |
|---------------------|------------------|--|-------------------------------------|---|

| | | | |
|--|---|--|--|
| 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>Steel metal worker</u> | 11. BIRTHPLACE (State or foreign country) <u>Bloomington, Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
|--|---|--|--|

| | | |
|------------------------------------|--|--|
| 13a. FATHER'S NAME <u>Wm Trout</u> | 13b. MOTHER'S MAIDEN NAME <u>Lacey Johnson</u> | 14. NAME OF HUSBAND OR WIFE <u>Widowed</u> |
|------------------------------------|--|--|

| | | | |
|---|--|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. <u>318-18-0094</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Lee Trout, Kinderhook</u> | ADDRESS |
|---|--|--|---------|

| | | | |
|---|---|--|---|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Myocarditis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>6 m.</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</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 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Jan, 1950, to July 21, 1952, that I last saw the deceased alive on July 18, 1952, and that death occurred at 4 a m., from the causes and on the date stated above.

| | | |
|--|---------------------------------|------------------------------------|
| 23a. SIGNATURE <u>A. L. Reed, M.D.</u> (Degree or title) | 23b. ADDRESS <u>Lickins, Mo</u> | 23c. DATE SIGNED <u>July 21/52</u> |
|--|---------------------------------|------------------------------------|

| | | | |
|---|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 22/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Trout</u> | 24d. LOCATION (City, town, or county) (State) <u>Near Bloomington, Mo</u> |
|---|-----------------------------|---|---|

| | | | |
|---|---|--|---------------------------|
| DATE REC'D BY LOCAL REG. <u>July 21, 1952</u> | REGISTRAR'S SIGNATURE <u>Elmora Nease</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Joe Gebrey</u> | ADDRESS <u>Kinderhook</u> |
|---|---|--|---------------------------|

(Licensed Embalmer's Signature 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.....

was not embalmed

Student Embalmer No.

working under my personal supervision.

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.