0.300
0.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 12 1952

State File No. 29111

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6032 Registrar's No. 214

1. PLACE OF DEATH
a. COUNTY: Ripley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Doniphan
c. LENGTH OF STAY (In this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Doniphan, Mo. R.F.D. #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ripley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Doniphan 0910
d. STREET ADDRESS (If rural, give location): Doniphan, Mo. R.F.D. # 1 0

3. NAME OF DECEASED (Type or Print)
a. (First): Judy
b. (Middle):
c. (Last): Trousdale

4. DATE OF DEATH (Month) (Day) (Year): July 14, 1952

5. SEX: female /

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: Jan. 21, 1885

9. AGE (In years last birthday): 67 — If under 1 year: Months 6 Days 13 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Lampston

13b. MOTHER'S MAIDEN NAME: Anna Helms

14. NAME OF HUSBAND OR WIFE: deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: Ruby Osborne
ADDRESS: St. Louis, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 490X

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Clifford Trousdale (Degree or title)
23b. ADDRESS R.F.D. Doniphan Mo.
23c. DATE SIGNED 7-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 17, 1952

24c. NAME OF CEMETERY OR CREMATORY: Stevenson Cemetery

24d. LOCATION (City, town, or county) (State): Butler County, Mo.

DATE REC'D BY LOCAL REG.: 8-8-52

REGISTRAR'S SIGNATURE: C B Johnston 277

25. FUNERAL DIRECTOR'S SIGNATURE: L W Edwards
ADDRESS: Doniphan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed George A. Kerby

Signed _____
Student Embalmer

Licensed Embalmer No. 4752

P. O. Address Doniphan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.