

FILED JUL 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21066**

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CLAY</u>	
b. CITY OR TOWN <u>CLAYCOMA</u>		c. CITY OR TOWN <u>CLAYCOMA</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>11 YRS.</u>		e. STREET ADDRESS (If rural, give location) <u>350 E Longfellow</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>350 E Longfellow</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Griffin</u> b. (Middle) <u>N</u> c. (Last) <u>TROUT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 29-53</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. 9, 1892</u>
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN GOTT BREWING CO</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>INDIANA</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>John N. Trout</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE WEBSTER</u>	14. NAME OF HUSBAND OR WIFE <u>LILLIAN TROUT</u>
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>487-01-9118</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LILLIAN TROUT 350 E. Longfellow</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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Abdominal Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 months</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Carcinoma of Common Bile Duct</u>			
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 <u>April 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Common Bile Duct 155x</u>	
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)	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>Apr 1952</u> to <u>June 29, 1953</u> , that I last saw the deceased alive on <u>June 29, 1953</u> , and that death occurred at <u>10:00 P.M.</u> , from the causes and on the date stated above.			
23. SIGNATURE <u>W. Woodward</u> (Degree or title)		23b. ADDRESS <u>1600 Prof. Bldg, Tampa City, Fla.</u>	23c. DATE SIGNED <u>6-30-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-2-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>
DATE REC'D BY LOCAL REG. <u>6-30-53</u>	REGISTRAR'S SIGNATURE <u>Rush N. Henry</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Neuwander N.H.C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

001

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. 480, working under my personal supervision.

Student

John H. Kalsbeek
Signature of Student Embalmer

Signed

Glenn D. Hill

Licensed Embalmer No. 450

P. O. Address K.C. 16.2

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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