

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5997 Registrar's No. 39

860
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEMONS</u> <u>Stilson</u>		c. LENGTH OF STAY (In this place) <u>7 MONTHS</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEMONS</u>		d. STREET ADDRESS (If rural, give location) <u>560</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FAIRVIEW REST HOME</u>			

3. NAME OF DECEASED (Type or Print) <u>JOHN ALLEN TRENT</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 2, 1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>OCTOBER 21, 1868</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>11</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM HAND</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (State or foreign country) <u>SCHUYLER COUNTY, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>JOSEPH TRENT</u>	13b. MOTHER'S MAIDEN NAME <u>MARY JANE BURRIS</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fern Edwards 404-Brady Davenport, Iowa</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of right ear & throat</u>		
	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. <u>Senile debility</u>		years <u></u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	19. 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 27, 1940, to June 2, 1953, that I last saw the deceased alive on June 2, 1953 and that death occurred at 10:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas L. Judd</u>	23b. ADDRESS <u>Unionville Mo</u>	23c. DATE SIGNED <u>6/3/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BUEIAL</u>	24b. DATE <u>JUNE 5, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LEMONS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LEMONS, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>6-12-53</u>	REGISTRAR'S SIGNATURE <u>Marvill Durbin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CONSTOCK FUNERAL HOME</u>	ADDRESS <u>BY: John A. Constock UNIONVILLE, MO.</u>
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

John N. Comstock

Signed.....

Student Embalmer

Licensed Embalmer No. *3891*

P. O. Address *Unionville, 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.