

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16442

State File No.

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>1603</u>		PRIMARY REG. DIST. NO. <u>5596</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>JEFF</u>			
b. CITY OR TOWN <u>ROVAL (VALLE)</u>		c. LENGTH OF STAY (in this place) <u>8 YRS.</u>		c. CITY OR TOWN <u>DESOTO RURAL (VALLE)</u>		d. STREET ADDRESS <u>HY. N. H. 1 BLOCK W. OF CITY LIMITS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 BLOCK WEST OF DESOTO HY. N. H.</u>				d. STREET ADDRESS <u>HY. N. H. 1 BLOCK W. OF CITY LIMITS</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
<u>ISAAC</u>		<u>NEWTON</u>		<u>TRELKELD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 31 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAR. 14 1872</u>		9. AGE (In years last birthday) <u>82</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ATTORNEY-AT-LAW</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>DU QUOIR ILL.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>I. N. TRELKELD</u>			13b. MOTHER'S MAIDEN NAME <u>ESTACIA ANDERSON</u>			14. NAME OF HUSBAND OR WIFE <u>LOTTIE TRELKELD</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LOTTIE TRELKELD</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchio-pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Prostate</u> DUE TO (c) <u>Metastasis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day.</u> <u>years</u>	
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>177X</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) (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>Feb 14</u> , <u>1953</u> , to <u>May 31</u> , <u>1954</u> , that I last saw the deceased alive on <u>May 30</u> , <u>1954</u> , and that death occurred at <u>10:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. V. J. ...</u>				23b. ADDRESS <u>Desoto, Mo.</u>		23c. DATE SIGNED <u>June 1, 54.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 2 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>DESOTO Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-3-54</u>		REGISTRAR'S SIGNATURE <u>Marie ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B. ...</u>		ADDRESS <u>Desoto Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48500
1

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 5 1954

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 Ornell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Oshtemo 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.