

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2063

BIRTH NO. _____		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>3054</u>		Registrar's No. <u>19</u>		
1. PLACE OF DEATH a. COUNTY <u>Pike</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>				
b. CITY OR TOWN <u>Louisiana</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>Elsberry</u> <u>0570</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Memorial Hospital</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence Henry</u> b. (Middle) <u>Trowbridge</u> c. (Last) _____			4. DATE OF DEATH <u>Feb. 4, 1955</u> (Month) (Day) (Year)					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Mar. 10, 1876</u>		
9. AGE (In years, last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 WKS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (State or foreign country) <u>Alhoun County, Illinois /</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN TROWBRIDGE</u>			13b. MOTHER'S MAIDEN NAME <u>MARY ANNE HAMILTON</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Trowbridge, Hardin, Ill.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism + Embolic Pneumonia</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) <u>Hypertensive Cardiovascular + Interovertive fracture left hip</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>10 days</u> <u>8 days</u>	
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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bowling Green Pike Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 28 1955</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>patient fell at bed-side</u>				
22. I hereby certify that I attended the deceased from <u>1-29, 1955</u> , to <u>2-4, 1955</u> , that I last saw the deceased alive on <u>2-4, 1955</u> , and that death occurred at <u>5:10 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Chas. A. Lewellen M.D.</u>				23b. ADDRESS <u>Louisiana, Missouri</u>		23c. DATE SIGNED <u>2-4-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>2-5-55</u>		24c. NAME OF CEMETERY <u>Hardin</u>		24d. LOCATION (City, town, or county) (State) <u>Hardin, Illinois</u>		
DATE REC'D BY LOCAL REG. <u>2-9-55</u>		REGISTRAR'S SIGNATURE <u>Floyd A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ricks Funeral Home, Elsberry, Mo.</u> ADDRESS _____				

(Licensed Embalmer's Statement of Chas. A. Lewellen)

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

MAY 8 1959

MAY 8 1959

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.

Signed *Garrett* Student Embalmer No.

Signed.....
Student Embalmer

Licensed Embalmer No. 4012

P. O. Address Elsberry, 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.