

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18154

State File No.

FILED JUN 17 1955

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 6172 Registrar's No. 27

6220

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

1. PLACE OF DEATH a. COUNTY <u>Dekalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dekalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stewartsville</u>		c. LENGTH OF STAY (in this place) <u>23 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stewartsville</u>		d. STREET ADDRESS (If rural, give location) <u>6220</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>J.</u> c. (Last) <u>Trout</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>5</u> <u>55</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Jan. 27, 1868</u>		9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Clinton Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>David W. Trout</u>		13b. MOTHER'S MAIDEN NAME <u>Marinda Moreland</u>	
14. NAME OF HUSBAND OR WIFE <u>Lucy Trout</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lucy Trout</u>		ADDRESS <u>Stewartsvill, Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Semlity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>87 yrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (c) <u>4222</u>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 May 5, 1950, to May 5, 1955; that I last saw the deceased alive on May 5, 1955, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Jurek</u> (Degree or title) <u>DO. 2</u>		23b. ADDRESS <u>Stewartsville, Mo</u>		23c. DATE SIGNED <u>5-10-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/8/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridgeville</u>	
24d. LOCATION (City, town, or county) (State) <u>Amity, Mo.</u>		DATE REC'D BY LOCAL REG. <u>5-20-55</u>		REGISTRAR'S SIGNATURE <u>Roscoe Davidson</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Hummerfield</u>		ADDRESS <u>Stewartsville Mo</u>		3. LICENSED EMBALMER'S STATEMENT ON REVERSE SIDE	

SEP 19 1962

JUN 28 1962

MAR 14 1962

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 *W. E. Gammes, Jr.*

Licensed Embalmer No. *3007*

P. O. Address *Stewartville, 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.