

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43282

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>105</u>		PRIMARY REG. DIST. NO. <u>4177</u>		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u>				b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clarkton</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkton</u>		d. STREET ADDRESS (If rural, give location) <u>2315 D</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Residence</u>											
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jerome</u>			b. (Middle) _____			c. (Last) <u>Trosper</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 18-1955</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>1878-5-14</u>			
9. AGE (In years last birthday) <u>77-7-4</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>			
13a. FATHER'S NAME <u>W.H. Trosper</u>			13b. MOTHER'S MAIDEN NAME <u>Suse Fox</u>			14. NAME OF HUSBAND OR WIFE <u>Single</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J.C. Trosper -</u>					ADDRESS <u>Madison MO RE1</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular-renal Disease</u>				DUE TO (c) <u>Arteriosclerosis, generalized</u>				2 years 3 years			
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 <u>442x</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>25 Oct. 1955</u> , to <u>18 Dec. 1955</u> that I last saw the deceased alive on <u>18 Dec. 1955</u> , and that death occurred at <u>12:10 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Charles F. Williams M.D.</u>				23b. ADDRESS <u>Mt. Vernon, Mo.</u>				23c. DATE SIGNED <u>19 DEC 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-19-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Starfield</u>		24d. LOCATION (City, town, or county) <u>So of Clarkton MO</u>		(State) _____			
DATE REC'D BY LOCAL REG. <u>1-23-56</u>		REGISTRAR'S SIGNATURE <u>J. B. Stearns Sub R-0</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas C. Knight</u>					
						ADDRESS <u>Madison MO</u>					

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

25 50

In duplicate

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 9 - 56 .....  
COUNTY FILE NUMBER 10A-156-

**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 Thomas C Knight

Licensed Embalmer No. 2189

P. O. Address Malden 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.