

FILED MAY 15 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15305

State File No. \_\_\_\_\_

BIRTH NO. 21733-56 REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Sherman</u>		c. CITY (If outside corporate limits, write BUREAU and give township) <u>Rural - Spring Creek</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>5 Mi. S. of Edgar Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Teresa</u> b. (Middle) <u>Ann</u> c. (Last) <u>Trout</u>			DATE OF DEATH (Month) (Day) (Year) <u>Apr 28 1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Mar 18 1956</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Licking Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				

13a. FATHER'S NAME <u>Ben G Trout</u>		13b. MOTHER'S MAIDEN NAME <u>Velma Ann Trout</u>		14. NAME OF HUSBAND OR WIFE	
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>Velma Ann Trout</u>	
				ADDRESS <u>Licking Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac &amp; pulmonary arrest</u>		DUE TO (b) <u>asphyxiation: pneumonia</u>			<u>few hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>asphyxiation of foreign body</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>(probably milk chills)</u>			<u>9210</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			18		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) <u>107</u>				
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 \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on Deacon, 19\_\_\_\_, and that death occurred at 5:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. J. Myers D.D.</u>		(Degree or title)		23b. ADDRESS <u>Licking, Mo</u>		23c. DATE SIGNED <u>5-2-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-30-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Licking Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Licking Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 6, 1956</u>		REGISTRAR'S SIGNATURE <u>E. Marie Hesse</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith &amp; Ferguson</u>			
				ADDRESS <u>Licking Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

300  
48

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

*Robert E. Ferguson*

Licensed Embalmer No. *3945*

P. O. Address *Pickering, Ill.*

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.