

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16221

State File No.

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u> <u>0</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>	c. CITY OR TOWN <u>Ironton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys of the Ozarks</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>601 W. Russell</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>JOHN</u>	b. (Middle) <u>WILFRED</u>	c. (Last) <u>TRELOUR</u>	(Month) <u>May</u>	(Day) <u>25</u>	(Year) <u>1956</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>1 / 3 / 1891</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chemist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Iron Mine</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Roose, England</u> <u>4</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>John H. Trelour</u>	13b. MOTHER'S MAIDEN NAME <u>Selina Bowden</u>	14. NAME OF HUSBAND OR WIFE <u>Aldora E. Trelour</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>369-03-3668</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wilfred Trelour, Ironton, Mo</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF ESOPHAGOS</u>				<u>6 mos.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS		
ANTECEDENT CAUSES		DUPLICATE TO (b) _____		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE TO (c) _____		
Conditions contributing to the death but not related to the disease or condition causing death. <u>150 X</u>				

19a. DATE OF OPERATION <u>APR 1956</u>	19b. MAJOR FINDINGS OF OPERATION <u>INOPERABLE CARCINOMA OF ESOPHAGOS.</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) m.	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 2-2, 1956, to 5-25, 1956, that I last saw the deceased alive on 5-25, 1956, and that death occurred at 10:30p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Marvin C. Meane M.D.</u>	23b. ADDRESS <u>IRONTON, MO.</u>	23c. DATE SIGNED <u>5-26-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5/27/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Iron Mountain, Michigan</u>
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REG. <u>5-26-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

28
0

1957 14 1834

1958 19 1007

JUN 4 1958

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.....
Signature of Student Embalmer

Signed *Amel J. White*

Licensed Embalmer No. *3012*

P. O. Address *Inton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.