0.300
0.48

FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17031

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY: Mc Donald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Noel
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Mc Donald
c. CITY OR TOWN: Noel
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): West on 90 hi-way

3. NAME OF DECEASED (Type or Print): a. (First) Jessie b. (Middle) B. c. (Last) Trowbridge

4. DATE OF DEATH (Month) (Day) (Year): 5-15-56

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 16, 1891
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 11, Days 29 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Juniata, Nebr.
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: E. G. Smith
13b. MOTHER'S MAIDEN NAME: Viola Pitkeson
14. NAME OF HUSBAND OR WIFE: R. A. Trowbridge
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: R. A. Trowbridge — ADDRESS: Noel, Mo.

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) Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Essential Hypertension
DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-10, 1954, *to* 5-1, 1956, *that I last saw the deceased alive on* 5-14, 1956, *and that death occurred at* 1:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE R. L. Boyer (Degree or title) M.D.
23b. ADDRESS Noel, Mo.
23c. DATE SIGNED 5-24-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-16-56
24c. NAME OF CEMETERY OR CREMATORY: Prairie View
24d. LOCATION (City, town, or county) (State): Hastings, Nebr.

DATE REC'D BY LOCAL REG.: 5-25-56
REGISTRAR'S SIGNATURE: Mayme Humphrey
25. FUNERAL DIRECTOR'S SIGNATURE: R. M. Humphrey
ADDRESS: Noel, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

20

JUL 10 1956

JUN 23 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R M Humphrey J

Licensed Embalmer No. 47

P. O. Address Noel,

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.