

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17136

FILED MAY 28 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5915 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u> d. 10	
b. CITY OR TOWN <u>Rural Hawcreek</u>	c. LENGTH OF STAY (in this place) <u>1 yr.</u>	c. CITY OR TOWN <u>Rural Hawcreek</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mile West of Versailles, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mile West of Versailles, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>O.</u> c. (Last) <u>TROUTMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>December 17, 1886</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 24 HRS. Days <u>0</u>	IF UNDER 1 MIN. Hours <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Hutchison Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John A. Troutman</u>	13b. MOTHER'S MAIDEN NAME <u>Lura Leonard</u>	14. NAME OF HUSBAND OR WIFE <u>John Bishop</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>496-246369</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Bishop</u>	ADDRESS <u>Versailles, Mo.</u>
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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>Pulmonary edema</u>		<u>One hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>degenerative heart disease</u> DUE TO (c) <u>Hypertension + arteriosclerosis</u>		<u>2 years</u> <u>known 2 years</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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>443x</u>
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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? _____
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22. I hereby certify that I attended the deceased from June, 1955 to May 17, 1956, that I last saw the deceased alive on May 17, 1956 and that death occurred at 12⁰⁰ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack Gunn, M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>Versailles, Mo.</u>	23c. DATE SIGNED <u>May 19, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>May 20, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Versailles, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>May 26-1956</u>	REGISTRAR'S SIGNATURE <u>Wm. L. Rippberger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James R. Scrimer</u>	ADDRESS <u>Versailles, Mo.</u>
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(Licensed Emballer's Statement on Reverse Side)

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

9561 67-1007

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

James R. Scriver

Licensed Embalmer No. *4880*

P. O. Address *Veruith, MD.*

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.