

Health, Welfare, Public Service, 300-56, Coroner cannot certify to a death due to natural causes, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, Diseases in Part I must be casually related.

FILED DEC 10 1956

THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

377000  
STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>Grundy</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Trenton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Trenton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>203 E. 8th St</b>		Length of stay in Ib <b>1 year.</b>		d. STREET ADDRESS (If outside, give location) <b>203 E. 8th St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Myrtle</b> Middle <b>Leona</b> Last <b>MOORE</b>				4. DATE OF DEATH Month <b>Dec</b> Day <b>3</b> Year <b>1956</b>				
5. SEX <b>female</b>	6. COLOR OR RACE <b>white.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct 16, 1878</b>		9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>church work.</b>		11. BIRTHPLACE (City and state or country) <b>DAVIS County, IOWA.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		
13. FATHER'S NAME <b>Robert Knedler</b>				14. MOTHER'S MAIDEN NAME <b>ELIZA J. HARWARD.</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT <b>William Knedler Trenton, MO.</b> Address _____				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Thrombosis 30 minutes</b>							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							<b>4201</b>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>Dec 28 1956</b> to <b>Dec 30 1956</b> and last saw her <b>alive on Dec 28 1956</b> Death occurred at <b>Trenton, MO</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Oliver F. Duffly M.D.</b>				22b. ADDRESS <b>Trenton, MO</b>		22c. DATE SIGNED <b>Dec. 4th 1956</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<b>BURIAL</b>		<b>Dec. 4, 1956</b>		<b>Forrest LAWN Cem</b>		<b>Trenton, MO</b>		
24. FUNERAL DIRECTOR <b>W. Gordon Blackmore Trenton, MO</b>				25. DATE RECD. BY LOCAL REG. <b>12-4-56</b>		26. REGISTRAR'S SIGNATURE <b>Gene Fair</b>		

Dr. Olivee.

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Harold L. Roberts*.....

Licensed Embalmer No. *49*

P. O. Address *Trenton,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.

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