

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42077**

FILED JAN 15 1957

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

BIRTH NO. _____		REG. DIST. NO. 181		PRIMARY REG. DIST. NO. 4293		Registrar's No. 1			
1. PLACE OF DEATH a. COUNTY LINCOLN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) —a. STATE Missouri b. COUNTY Lincoln					
b. CITY OR TOWN ELSBERRY		c. LENGTH OF STAY (in this place) 7 Mo.		c. CITY OR TOWN Elsberry		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. FULL NAME OF HOSPITAL OR INSTITUTION 201 DAVID				d. STREET ADDRESS (If rural, give location) 201 DAVID 0570					
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM			b. (Middle) WILSON			c. (Last) TRAIL			
4. DATE OF DEATH DEC. 19, 1956		4. DATE OF DEATH (Month) (Day) (Year)		4. DATE OF DEATH (Month) (Day) (Year)		4. DATE OF DEATH (Month) (Day) (Year)			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 4, 1884			
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRIVER-Highway Bus			10b. KIND OF BUSINESS OR INDUSTRY - Retired			11. BIRTHPLACE (City and State or Foreign Country) RFD ELSBERRY, Mo			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME ISAAC TRAIL		13b. MOTHER'S MAIDEN NAME MARY SHELTON		14. NAME OF HUSBAND OR WIFE EMMA TRAIL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NUMBER UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME EMMA TRAIL - ELSBERRY, Mo.				ADDRESS	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy				INTERVAL BETWEEN ONSET AND DEATH 1 day	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				11. 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"/>	
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)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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 12-19, 1956 , to 12-19, 1956 , that I last saw the deceased alive on 12-19, 1956 , and that death occurred at 1:40 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS ELSBERRY, MO				23c. DATE SIGNED 12/21/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-21-56		24c. NAME OF CEMETERY OR COUNTRY New Hope		24d. LOCATION (City, town, or county) (State) RFD-ELSBERRY, Mo.			
DATE REC'D BY LOCAL REG. 1-15-57.		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Elsberry, Mo.				

1911 FEB 19 1911

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.....
[Handwritten Signature]

Licensed Embalmer No. 4017

P. O. Address Edsberry, ...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.