

FILED FEB 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 205

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5112</u>		Registrar's No. <u>6</u>							
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>Bollinger</u>									
b. CITY OR TOWN <u>Rural Loyance</u>		c. LENGTH OF STAY (If in place) <u>life</u>		c. CITY OR TOWN <u>Rural Loyance</u>		d. STREET ADDRESS (If rural, give location) <u>Rt #2 Lutesville</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Parkelex Mksing Home</u>													
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gillie</u>			b. (Middle) <u>Mae</u>		c. (Last) <u>Trentham</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-21-57</u>						
5. SEX <u>FM</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 15, 1890</u>		9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 12 WKS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Bollinger, Co. Missouri.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Gilbert Smith</u>				13b. MOTHER'S MAIDEN NAME <u>Cecilia</u>				14. NAME OF HUSBAND OR WIFE <u>W. C. Trentham</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W.C. Trentham Lutesville, Mo. Rt2</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										INTERVAL BETWEEN ONSET AND DEATH <u>2 Weeks</u> <u>1 year</u> <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>										20. AUTOPSY? <u>Yes</u> 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) (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 <u>Jan 2, 1957</u> to <u>Jan 19, 1957</u> that I last saw the deceased alive on <u>Jan 19, 1957</u> and that death occurred at <u>9:30 p.m.</u> from the causes and on the date stated above.													
23a. SIGNATURE (Date or title) <u>W. J. Kishbaugh, M.D.</u>						23b. ADDRESS <u>24 N. Sprigg - Cape Gir., Mo</u>			23c. DATE SIGNED <u>Jan 26-57</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-23-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Plainview C.E.M.</u>				24d. LOCATION (City, town, or county) (State) <u>Bessville, Mo</u>					
DATE REC'D BY LOCAL REG. <u>1-28-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ward Funeral Home, Lutesville, Mo</u>							

(Licensed Embalmer's Statement on Reverse Side)

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

5-20

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

R. O. Laird

Licensed Embalmer No. *4538*

P. O. Address *Jackson, Mo.*

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.