

FILED APR 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 13770

Registration District No. 170 Primary Registration District No. 5630 Registrar's No. 59

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Laclede County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Laclede (County))				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon, RURAL		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Lebanon		0530 0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION West Highway 66			Length of stay in 1b ✓		d. STREET ADDRESS (If outside, give location) Rt. 4		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) HARRY E. TROUT				First Middle Last		4. DATE OF DEATH Month Day Year April 7, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 21, 1923		9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Parts Salesman			10b. KIND OF BUSINESS OR INDUSTRY Automotive		11. BIRTHPLACE (City and state or country) Pittsburg, Kan.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Trout			13b. MOTHER'S MAIDEN NAME Winifred Montgomery			14. NAME OF HUSBAND OR WIFE Margaret Trout		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If Yes, give year or dates of service) Yes WW 2			16. SOCIAL SECURITY NO. 489-24-6078		17. INFORMANT Address Mrs. H. E. Trout, Lebanon, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH immed.		
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) 4201								
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 Month, Day, Year 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 _____ to _____ and last saw her/him alive on 14 Mar 55 Death occurred at 1:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Paul A. Jenkins, M.D. Lebanon Mo.				22b. ADDRESS		22c. DATE SIGNED 4/17/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/10/57	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Springfield, Mo.			
24. FUNERAL DIRECTOR ADDRESS SR Palmer Lebanon, Mo.			25. DATE RECD. BY LOCAL REG. 4-10-1957		26. REGISTRAR'S SIGNATURE Hella L. Way			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

APR 18 1957
APR 30 1957

Received 4-15-57
Laclede County Health Unit
File No. 59
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APR 29 1958

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 Stanleigh R. Palmer

Licensed Embalmer No. 4810

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