

FILED AUG 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28849

STATE FILE NUMBER

Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 61

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Morgan</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Osage Township</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Morgan</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 miles S.W. Rocky Mount Mo. - life</u>		Length of stay in 1b <u>MO. - life</u>		c. CITY OR TOWN <u>Rocky Mount, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>SUSAN</u>		Middle <u>MARIE</u>		Last <u>TRAMMELL</u>		Month <u>August</u> Day <u>18</u> Year <u>1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 3 1955</u>	
9. AGE (In years last birthday) <u>2</u>				10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Tuscumbia Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Harold E. Trammell</u>				14. MOTHER'S MAIDEN NAME <u>Victoria Shannon</u>			
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>None</u>		17. INFORMANT <u>Harold E. Trammell Rocky Mount, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxiation</u>						INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>Accidental Drowning</u>	
						DUE TO (c) <u>9294</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						4:2	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>					
20a. ACCIDENT		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 <u>7:45 p.m. Aug-18-'57</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>LAKE OF OZARKS</u>		20f. CITY, TOWN, OR LOCATION <u>Rural Osage town Morgan Mo</u>			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Depr. occurred at <u>7:45 P.M.</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Gene H. Darham Coroner</u>				22b. ADDRESS <u>Verisailles, Mo</u>		22c. DATE SIGNED <u>20 Aug 57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>August 21, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Eldon Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Eldon, Missouri</u>	
24. FUNERAL DIRECTOR <u>Gene R. Scrivner Verisailles, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>8-21-57</u>		26. REGISTRAR'S SIGNATURE <u>J. L. Shannon M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James R. Scumia*.....

Licensed Embalmer No. *486*

P. O. Address *Wrentham,*

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.