

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

36379

STATE FILE NUMBER

FILED OCT 28 1957

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 491

5. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		c. CITY OR TOWN <b>JOPLIN</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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>2424 E. 20TH ST.</b>		d. STREET ADDRESS (If outside, give location) <b>2424 E. 20TH ST.</b>	
Length of stay in 1b YRS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>MABEL</b> Middle <b>GERTRUDE</b> Last <b>TROUTMAN</b>			4. DATE OF DEATH Month <b>OCT.</b> Day <b>12,</b> Year <b>1957</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</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>APR. 21, 1888</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (City and state or country) <b>LEWISTON, ILL.</b>
13a. FATHER'S NAME <b>JERRY MEYER HALE</b>		13b. MOTHER'S MAIDEN NAME <b>UNK</b>	14. NAME OF HUSBAND OR WIFE DECD <b>1946</b> <b>JESSE PIERCE TROUTMAN,</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 Address <b>JESSE HALE, 134 SHEEN, E. PEORIA, ILL.</b>
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>CORONARY OCCLUSION</b>			INTERVAL BETWEEN ONSET AND DEATH <b>INSTANT</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			<b>4201</b>
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"/>
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. Month, Day, Year _____			
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 alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Fred Lucens - Acting Coroner</i>		22b. ADDRESS <i>Sheriff's Office 6th + Pearl Joplin, Mo</i>	
		22c. DATE SIGNED <b>10-16-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>10-15-57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEMORIAL PARK,</b>		23d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>TEVE PARKER MORTUARY, JOPLIN, MO</b>		25. DATE RECD. BY LOCAL REG. <b>10-21-1957</b>	
		26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>	

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.

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RECEIVED OCT 25 1957

Jasper County Health Office

County File Number 871

Date Filed OCT 25 1957

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 F. M. Jones .....

Licensed Embalmer No. 2319.....

P. O. Address Jasp. Co. Ga......

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.