

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 10 1958

STATE FILE NUMBER **29**

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirkville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hosp.		Length of stay in lb	d. STREET ADDRESS 1108 E. Highland (If outside, give location) e213		
3. NAME OF DECEASED (Type or print) First May Middle L. Last Trent			4. DATE OF DEATH Month Feb. Day 4 Year 1958		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 9, 1883	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Pollock, Mo	
13. FATHER'S NAME Francis M. Wright			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
14. MOTHER'S MAIDEN NAME Rachael Ford			17. INFORMANT Jim Trent, Kirksville, Mo. Address _____		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) No (If yes, give year or dates of service) X		16. SOCIAL SECURITY NO. None		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cholemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) PRIMARY CARCINOMA HEPATIC DUCT DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 1551					INTERVAL BETWEEN ONSET AND DEATH Dec 1957 UNKNOWN
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.) 1551			
20c. TIME OF INJURY Hour _____ 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 1-21-58 to 2-4-58 and last saw her alive on 2-4-58 Death occurred at 11:55 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Paul Laughlin Jr</i> (Degree or title)			22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 2-6-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/7/58	23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemtery		23d. LOCATION (City, town, or county) (State) Kirksville, Mo.	
24. FUNERAL DIRECTOR <i>Paul Laughlin Jr</i> ADDRESS Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 2-6-1958		26. REGISTRAR'S SIGNATURE <i>Harold W. Rathoff</i>	

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..... *Kenneth E. Hayes*

Licensed Embalmer No. *48*

P. O. Address *Kirkville,*

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.