

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004785
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 56 Primary Registration District No. 5793 Registrar's No. 4

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Egypt Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Norborne RFD #3 0170</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>home</u>		d. STREET ADDRESS (If outside, give location) <u>Egypt Township</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Pete</u> Middle <u>Alexander</u> Last <u>Trotter</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>18</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 17, 1899</u>
10a. USUAL OCCUPATION (Give kind of work done during last 12 months, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Carroll County Mo</u>
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John A. Trotter</u>	
13b. MOTHER'S MAIDEN NAME <u>Minnie Lee Suits</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Young</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-40-6244</u>	17. INFORMANT <u>Margaret Trotter</u> Address <u>Norborne, 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>Bronchio-pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinomatosis</u> DUE TO (c) <u>carcinoma Urinary Bladder</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1810</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
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 <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 <u>2-18-58</u> to <u>2-18-59</u> and last saw him alive on <u>2-18-59</u> Death occurred at <u>2:45 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>William S. Everett DO</u>		22b. ADDRESS <u>Carrollton Mo.</u>	22c. DATE SIGNED <u>2-20-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-20-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Norborne Missouri</u>
24. FUNERAL DIRECTOR <u>Deitch Funeral Home</u> ADDRESS <u>Norborne, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 20-1959</u>	26. REGISTRAR'S SIGNATURE <u>Eileen Peniston</u>

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 James F. Gibson....., Student Embalmer No. 572
working under my personal supervision.

Student James F. Gibson.....
Signature of Student Embalmer

Signed Ben W. Gibson.....

Licensed Embalmer No. 2961
P. O. Address Carrollton, 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.