

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012828

STATE FILE NUMBER

FILED MAY 12 1959 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 82

300
-57

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KENNETT		c. CITY OR TOWN MALDEN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL		d. STREET ADDRESS (If outside, give location) 308 W. HOWARD	
Length of stay in lb 15 MINUTES		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JONAS Middle WILLIAM Last TROWBRIDGE	4. DATE OF DEATH Month MAY Day 1 Year 1959
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT 18, 1890	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 0 Days 5 Hours 1 Min. 0	IF UNDER 24 HRS. Hours 1 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done or of business given if retired) VETERINARIAN	10b. KIND OF BUSINESS OR INDUSTRY VET.	11. BIRTHPLACE (City and state or country) BERNIE, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM TROWBRIDGE	13b. MOTHER'S MAIDEN NAME LUCY STEWARD	14. NAME OF HUSBAND OR WIFE LOIS WALKER TROWBRIDGE
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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. 479-34-1460	17. INFORMANT LOIS TROWBRIDGE	Address MALDEN, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CORONARY OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH 30 MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) LEFT VENTRICULAR CARDIAC FAILURE	2 days
	DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE	10 YEARS
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.) 4200
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20c. TIME OF INJURY Hour 7:30 a.m. 00 p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION MALDEN	COUNTY DUNKLIN	STATE MO.
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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 MALDEN	COUNTY DUNKLIN	STATE MO.
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21. I attended the deceased from 30 April 59 to 1 May 59 and last saw him alive on 1 May 59 Death occurred at 9:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles Williams M.D.	22b. ADDRESS MALDEN, MO.	22c. DATE SIGNED 2 MAY 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-3-59	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION (City, town, or county) (Store) MALDEN MO.
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24. FUNERAL DIRECTOR Day-Knight Funeral Home	ADDRESS Malden, Mo.	25. DATE RECD. BY LOCAL REG. 5-9-1959	26. REGISTRAR'S SIGNATURE Paul Hushen
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

NS MAY 26 1959

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 *J. J. Shannon*
Licensed Embalmer No. 4086
P. O. Address Malden,

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.