

UNITED STATES DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 4 1960

'59 0 43 9 9 0

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 224

ENDED

1. PLACE OF DEATH a. COUNTY <u>BRUNDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>GRUNDY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>TRENTON</u>		c. CITY OR TOWN <u>TRENTON</u>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1513 Chestnut</u>		d. STREET ADDRESS (If outside, give location) <u>1616 Chestnut</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Henry</u> Last <u>Trosper</u>	4. DATE OF DEATH Month <u>Dec</u> Day <u>26</u> Year <u>1959</u>
---	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 31, 1896</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
--------------------	-----------------------------------	--	--------------------------------------	----------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) <u>CONSTRUCTION</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>	11. BIRTHPLACE (City and state or country) <u>Breckenridge Mo</u>	12. CITIZEN OF WHAT COUNTRY
---	---	---	-----------------------------

13a. FATHER'S NAME <u>William Henderson Trosper</u>	13b. MOTHER'S MAIDEN NAME <u>SARA Alice Banton</u>	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Otis Trosper</u>	Address <u>Cleveland Ohio</u>
--	-------------------------------------	-----------------------------------	-------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>	DUE TO (b) <u>Arteriosclerosis, severe, generalized</u>	<u>12 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	<u>10 yrs</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

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 <u> </u> a.m. <u> </u> p.m. <u> </u>	Month <u> </u> Day <u> </u> Year <u> </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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
---	--	---

21. I attended the deceased from <u>Dec 26, 1959</u> to <u>Dec 26, 59</u> and last saw ^{him} him alive on <u>Dec 26, 1959</u>
Death occurred at <u>4:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>C. L. Clark</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Trenton Mo.</u>	22c. DATE SIGNED <u>12/29/59</u>
---	---------------------------------	----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Dec. 31, 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Trenton Mo.</u>
---	------------------------------	---	--

24. FUNERAL DIRECTOR <u>J. Gordon Blackmon</u> ADDRESS <u>Trenton Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-31-59</u>	26. REGISTRAR'S SIGNATURE <u>Jane Fair</u>
---	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Claude H. Crawford

Licensed Embalmer No. 4986

P. O. Address Trouton, 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.