

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045873

FILED VS DEC 23 1960

144

Primary Registration District No. 4234

Registrar's No. 140

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		Length of stay in 1b 9 days	c. CITY OR TOWN Iron
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2 mi. NE of Belleview
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last SAMUEL LARKIN TROLINGER			4. DATE OF DEATH Month Day Year Dec. 15 1960		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 3 1868	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Reynolds County Missouri	12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME John H. Trolinger		13b. MOTHER'S MAIDEN NAME Matilda Anderson		14. NAME OF HUSBAND OR WIFE Hazel Trolinger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT Address Goldie Gallaher, Belleview Mo.		

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) Hypostatic pneumonia			2 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral apoplexy, mild.		2 wks.
	DUE TO (c) Arteriosclerosis, general		20 yrs.
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 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 11-22-60 to 12-15-60 and last saw ^{her} him alive on 12-15-60 Death occurred at 5.30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.						

22a. SIGNATURE (Degree or title) Ben M. Bull, M.D.		22b. ADDRESS Ironton, Mo.		22c. DATE SIGNED 12-16-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-18-60	23c. NAME OF CEMETERY OR CREMATORY Trolinger Cemetery	23d. LOCATION (City, town, or county) (State) Black, Missouri.		

24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo.	ADDRESS White	25. DATE RECD. BY LOCAL REG. 12-16-60	26. REGISTRAR'S SIGNATURE Mrs. Avis Jones		
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Paul H. White*

Licensed Embalmer No. 3012

P. O. Address *Oran, Ind*

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.