

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011305  
STATE FILE NUMBER

Registration District No. 122 Primary Registration District No. 2005 Registrar's No. 516  
**FILED APR 9 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>                            |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Springfield,</b>  |   | Length of stay in 1b<br><b>most life</b>   | c. CITY OR TOWN <b>Springfield</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Burge Protestant Hos.</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>1121 Concord</b>          |
| 3. NAME OF DECEASED (Type or print)<br>First <b>JOHN</b> Middle <b>ELMER</b> Last <b>TRENT</b>  |   | 4. DATE OF DEATH<br>Month <b>April,</b> Day <b>6,</b> Year <b>1963</b>   |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>9/ /1895</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Ret. Building Tradesman</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Building</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Montgomery Cou., Mo.</b>     |
| 13a. FATHER'S NAME<br><b>John Wm. Trent</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Mary McGee</b>   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)<br><b>Yes W.W.I</b>  |   | 17. INFORMANT<br><b>Mary Bess Trent, Springfield, Missouri</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 days</b>   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 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?<br>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<br>Hour _____ a.m. _____ p.m.<br>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 <b>Mar. 26, 1963</b> <b>Apr 6, 1963</b> and last saw him alive on <b>April 6, 1963</b> .<br>Death occurred at <b>11:50 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>[Signature]</b>  |   | 22b. ADDRESS<br><b>M.D. Springfield Mo</b>   | 22c. DATE SIGNED<br><b>4-8-63</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>4-10-1963</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>National Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Springfield, Missouri</b> |
| 24. FUNERAL DIRECTOR<br><b>Ralph Thieme, Springfield, Missouri</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>4-8-63</b>  | 26. REGISTRAR'S SIGNATURE<br><b>[Signature]</b>                               |

USE BLACK INK OR TYPEWRITER RIBBON

APR 19 1963

permit 4-5-63

**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 Harold Tuttle

Licensed Embalmer No. 5099

P. O. Address Spfld, 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.