

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7832

FILED MAR 19 1948
Registration District No. 57

Primary Registration District No. 3006

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1005 Locust St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 68 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. 1005 Locust St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE FRANCIS TROXELL

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1948 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 15; 1948 to March 1, 1948
that I last saw him alive on Feb 29, 1948
and that death occurred on the date and hour stated above.

4. Sex Male White 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Belle Alexander Troxell

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: 4 - 20 - 1855
(Month) (Day) (Year)

Immediate cause of death Uremic poisoning Chronic Nephritis. Duration _____

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

<u>92</u>	<u>10</u>	<u>11</u>	hr. _____ min. _____
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Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Allentown Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Furniture Merchant

Major findings: Of operations _____

Of autopsy not done B

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Simon Troxell

13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Haines

15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant A.R. Troxell

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 3-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Robert H. Simpson M.D. (M. D. or other) 3/2/48
Address Columbia, Mo. Date signed _____

18. (a) Signature of funeral director Garner Funeral Service

(b) Address Columbia, Mo.

19. (a) Mar 3 1948 (b) Max R. Palmer
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 18 1948

DISTRICT HEALTH OFFICER NO. 27

RECEIVED

JAN 11 1950

MAR 23 1948
MAY 4 1950

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia, 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 this body is not embalmed, fact should be so stated above.