S. No. 300
v. 10-48

FILED MAR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5639

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 5833 Registrar's No. 5

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

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stark City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton 73
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stark City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Adella
b. (Middle): Iona
c. (Last): Trask

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22 1949

5. SEX: Fem. 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: June 30, 1877
9. AGE (In years last birthday): 71 — If under 1 year: Months 7, Days 22 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Newtonia Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Augusta Edwin Chapman
13b. MOTHER'S MAIDEN NAME: Catherine Parker
14. NAME OF HUSBAND OR WIFE: Harry S. Trask

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Annie Armstrong Hollywood Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Probably broncho pneumonia
DUE TO (c): Chronic myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility – chronic bronchitis

INTERVAL BETWEEN ONSET AND DEATH: Probably 4 weeks
1 yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 2, 1949, *to* Feb 22, 1949, *that I last saw the deceased alive on* Feb 4, 1949, *and that death occurred at* 11:45 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R C Lawson MD
23b. ADDRESS: Neosho Mo
23c. DATE SIGNED: 2/23/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-25-1949
24c. NAME OF CEMETERY OR CREMATORY: IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Newtonia Missouri

DATE REC'D BY LOCAL REG.: Febr 26 1949
REGISTRAR'S SIGNATURE: Alpha Dyer 369 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Carley Thompson, Neosho Mo

(Licensed Embalmer's Statement on Reverse Side)

ECEIVED
...ict Health Officer No. Newton Co. Health
...ict File Number 249-38
...te Filed 2-28-49

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 Rollie Kessel, Student Embalmer No. 228, working under my personal supervision.

Signed Carley Thompson

Signed .....
Student Embalmer

Licensed Embalmer No. 3259

P. O. Address Neosho 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.