

FILED APR 9 1949

STANDARD CERTIFICATE OF DEATH

State File No. 7928

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5394 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ave, Douglas Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava Rural Boone		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, Rural Boone	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) A. Grover Trail			4. DATE OF DEATH (Month) (Day) (Year) 3-15-59		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divored	8. DATE OF BIRTH 2-8-90	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Sweden, Missouri	
12. CITIZEN OF WHAT COUNTRY? USS.A.					

13a. FATHER'S NAME Bill Trail	13b. MOTHER'S MAIDEN NAME Sinda Bragg	14. NAME OF HUSBAND OR WIFE Nora Trail
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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. None	17. INFORMANT'S SIGNATURE OR NAME W.W. Trail	ADDRESS Laprepa, Okla
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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) Heart attack, died suddnely		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) _____		
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE C.V. Linkingbeard 3 Coronor	(Degree or title)	23b. ADDRESS Ava, Missouri	23c. DATE SIGNED 3-16-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-18-49	24c. NAME OF CEMETERY OR CREMATORY Dobbs	24d. LOCATION (City, town, or county) (State) Sweden, Missouri
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DATE REC'D BY LOCAL REG. Apr. 2-49	REGISTRAR'S SIGNATURE Vestal Bushman	25. FUNERAL DIRECTOR'S SIGNATURE Linkingbeard Funeral Home, Ava, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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#1

RECEIVED

District Health Officer No. 6;

District File Number 449-402

Date Filed 4-6-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.