No. 300
10.48

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28977

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6090 Registrar's No. 29

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

1. PLACE OF DEATH
a. COUNTY: SALINE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LIBERTY TWS/2 Rural
c. LENGTH OF STAY (in this place): LIFE
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: Mo
b. COUNTY: SALINE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL. EAST SIDE of LIBERTY TWS/2
d. STREET ADDRESS (If rural, give location): 1/2 mile North 40 Hi-way

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): ALVIS
c. (Last): TRENT

4. DATE OF DEATH (Month) (Day) (Year): Aug. 10. 1949

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: MAR. 8 1858
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months 5, Days 2 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: ALEXANDER TRENT
13b. MOTHER'S MAIDEN NAME: REBECCA HAYDEN
14. NAME OF HUSBAND OR WIFE: HESTER TRENT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Rev Trent Sweet Springs Mo
ADDRESS

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive heart failure with arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): auricular fibrillation — unknown
DUE TO (c): arteriosclerosis, generalized — unknown

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic ulcers, both legs — unknown

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): 1200
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* 8 Aug, 1949, *to* 10th Aug, 1949, *that I last saw the deceased alive on* 8 Aug, 1949, *and that death occurred at* 4:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph H Jones M.D.
23b. ADDRESS: Sweet Springs
23c. DATE SIGNED: 10 Aug 49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Aug 12, 1949
24c. NAME OF CEMETERY OR CREMATORY: HAZEL GROVE CEMETERY
24d. LOCATION (City, town, or county) (State): SWEET SPRINGS RURAL Mo

DATE REC'D BY LOCAL REG.: 8/12/49
REGISTRAR'S SIGNATURE: Dolly Andrews 293
25. FUNERAL DIRECTOR'S SIGNATURE: R C Carter Sweet Springs Mo
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

AUG 15

District ...

District File Number .....

Date Filed 8-18-49

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 R C Carter

Licensed Embalmer No. 3513

P. O. Address Fred Lynge 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.