

FILED OCT 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29266

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

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5111</u>		Registrar's No. <u>64</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Bollinger</u>			
b. CITY OR TOWN <u>Rural Liberty</u>		c. LENGTH OF STAY (In this place) <u>1.1</u> <u>3 Mo's.</u>		c. CITY OR TOWN <u>Rural - Liberty</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shel Home for the Aged</u>				d. STREET ADDRESS (If rural, give location) <u>Hahn. Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>M</u> c. (Last) <u>Trouell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-24-49</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 27-1863</u>	
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cabinet maker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Hiram Trouell</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Armitte</u>		14. NAME OF HUSBAND OR WIFE <u>Abiel Dillon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John M. Trouell</u> ADDRESS <u>St. Louis Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac De-compensation</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>1/23</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>3/2/49</u> , 19___, to <u>9/22/49</u> , 19___, that I last saw the deceased alive on <u>9/22/49</u> , 19___, and that death occurred at <u>11 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) <u>John J. Myers M.D.</u>				23b. ADDRESS <u>Centerville, Mo.</u>		23c. DATE SIGNED <u>9/29/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept. 26-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bollinger County Memorial Mt. Bollinger</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/30/49</u>		REGISTRAR'S SIGNATURE <u>Hellie Ann Amburge</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cozy Shelby Rutenbuhl</u>		ADDRESS	

RECEIVED 10-4-49

District Health Officer No. 4

District File Number 1049-132

Date Filed

APR 28 1951

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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.

Signed Howard R. Hanson

Signed Student Embalmer

Licensed Embalmer No. 4132

P. O. Address Cape Girardeau, 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.