FILED OCT 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32698

State File No.

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 9074 Registrar's No. 120

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

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston Mo.
c. LENGTH OF STAY (in this place): 20yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Comunity Delta Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
d. STREET ADDRESS (If rural, give location): 210 Wakefield

3. NAME OF DECEASED (Type or Print)
a. (First): Paul
b. (Middle): Jones
c. (Last): Trotter

4. DATE OF DEATH (Month) Sept (Day) 19 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov,15,1907

9. AGE (In years last birthday): 42 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S.Dept. Employment

10b. KIND OF BUSINESS OR INDUSTRY: Office Manager

11. BIRTHPLACE (State or foreign country): Bloomfield Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Arthur Trotter

13b. MOTHER'S MAIDEN NAME: Elizebeth Jones

14. NAME OF HUSBAND OR WIFE: Ruth Trotter, Sikeston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 2

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: Mrs.Ruth Trotter — ADDRESS: Sikeston Mo.

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) Acute Myocarditis — 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.

431X

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* First call after death *to* Sept 19, 1949, *that I last saw the deceased alive on* —, 19__, *and that death occurred at* 9.30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Clyde Fox — (Degree or title) Coroner

23b. ADDRESS: Sikeston Mo.

23c. DATE SIGNED: 9/20/49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 9/21/49

24c. NAME OF CEMETERY OR CREMATORY: Sikeston City Cemetary

24d. LOCATION (City, town, or county) (State): Sikeston Mo.

DATE REC'D BY LOCAL REG.: Sept 26-49

REGISTRAR'S SIGNATURE: Mrs Ella Hunter

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Welsh Funeral Home - Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 3 1949
District Health Office No. 2
District File Number 1049-97
Date Filed

FEB 3 1950

OCT 10 1949

OCT 18 1949

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 Raymond Crews
Licensed Embalmer No. 3467
P. O. Address Sikeston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.