

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36048.

State File No.

| | | | | | | | | | |
|---|----------------------------------|---|---|--|---|---|--|----------------------------------|--|
| BIRTH NO. | | REG. DIST. NO. <u>338</u> | | PRIMARY REG. DIST. NO. <u>6154</u> | | Registrar's No. <u>56</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richland Twp</u> | | c. LENGTH OF STAY (In this place) <u>life</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter Richland Twp.</u> | | 103 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Route 1</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> | | b. (Middle) <u>Daniel</u> | | c. (Last) <u>Trammell</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20, 1949</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>Aug. 10, 1941</u> | | 9. AGE (In years last birthday) <u>8</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>10</u> | IF UNDER 24 HRS. Hours <u>10</u> Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Student</u> | | 11. BIRTHPLACE (State or foreign country) <u>Lavelle, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Ross Trammell</u> | | 13b. MOTHER'S MAIDEN NAME <u>Viola Garner</u> | | 14. NAME OF HUSBAND OR WIFE | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Samuel Tippens</u> | | ADDRESS <u>Dexter, Mo. R. 1</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, assthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown</u> | | | | ANTECEDENT CAUSES Morbidity 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. | | | | <u>Body was found burned after fire destroyed his home.</u> | | | | <u>7955</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) <u>Unknown</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Richland Twp. Stoddard Mo.</u> | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 20, 1949 2 A.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Unknown</u> | | | | | |
| 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 <u>2 A.</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Rose W. Rainey</u> (Degree or title) <u>Coroner</u> | | | | 23b. ADDRESS <u>Dexter, Mo.</u> | | 23c. DATE SIGNED <u>10-22-49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9-22-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Essex Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Essex, Missouri</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>10-25-49</u> | | REGISTRAR'S SIGNATURE <u>Rose W. Rainey</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Ser.</u> | | ADDRESS <u>Dexter, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 3
District Health Office
District File Number 1044
Date Filed

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

was not embalmed Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Walter Mark Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.