

FILED MAY 25 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17182

State File No. 80

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY OR TOWN CARTERVILLE		c. CITY OR TOWN CARTERVILLE 8490	
d. FULL NAME OF HOSPITAL OR INSTITUTION 140 E. Main		d. STREET ADDRESS (If rural, give location) 140 E MAIN.	
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) E. c. (Last) TRENT.		4. DATE OF DEATH (Month) (Day) (Year) 5-17-50	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 6, 1879
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	11. BIRTHPLACE (State or foreign country) IBERIA MISSOURI
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME M. B. V. TRENT	13b. MOTHER'S MAIDEN NAME SARAH BARLOW
14. NAME OF HUSBAND OR WIFE MINNIE B. TRENT		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Miss Minnie B. Trent		ADDRESS 140 E MAIN	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis 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 checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 331X	
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) (Min.)	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 2-25, 1950 , to 5-17, 1950 , that I last saw the deceased alive on 5-17, 1950 , and that death occurred at 2:15A. m. , from the causes and on the date stated above.			
23a. SIGNATURE W. W. Fisher (Degree or title) D.O.R.		23b. ADDRESS Cartersville, Missouri	23c. DATE SIGNED 5-19-50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 20, 1950	24c. NAME OF CEMETERY OR CREMATORY MT HOPE	24d. LOCATION (City, town, or county) (State) WEBB CITY, MO.
DATE REC'D BY LOCAL REG. May 20, 1950	REGISTRAR'S SIGNATURE W. W. Fisher	137	25. FUNERAL DIRECTOR'S SIGNATURE HURL BUT GLOVER ADDRESS MORTUARY

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

490

RECEIVED 5-23-50

Jasper County Health Office

County File Number 50-5-419

Date Filed 5-23-50

USBI 12 NHP

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 Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin 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.