

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19565

BIRTH NO. _____ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 5161 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cedar Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cedar Twp. 3140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5th West New Bloomfield</u>		d. STREET ADDRESS (If rural, give location) <u>3rd West New Bloomfield</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>W.</u> c. (Last) <u>TROWBRIDGE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 1 - 50</u>
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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>Oct 26 - 1887</u>	9. AGE (In years last birthday) <u>62</u> Months <u>8</u> Days <u>5</u> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Decatur Co. Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>James W. Trowbridge</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Stapleton</u>	14. NAME OF HUSBAND OR WIFE <u>Elsie Trowbridge</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. D. Howboyle</u>	ADDRESS <u>New Bloomfield</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		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) <u>Arteriosclerosis</u>		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb 8, 1949 to July 1, 1950, that I last saw the deceased alive on June 30, 1950, and that death occurred at 1 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. McD. R. Wick M.D.</u>	(Degree or title)	23b. ADDRESS <u>New Bloomfield Mo.</u>	23c. DATE SIGNED <u>July 2 - 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>July 4 - 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dopwell Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>3rd West New Bloomfield Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 2 - 50</u>	REGISTRAR'S SIGNATURE <u>Rehuy Clayton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Holt - Clayton</u>	ADDRESS <u>7. 517 Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED
JUN 7 1950
District Health Officer No. 9
District File Number

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 *Robert O. [Signature]*

Licensed Embalmer No. 4412

P. O. Address New Bloomfield, Pa.

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.