

State File No. **26013**

FILED SEP 15 1950

BIRTH NO. 324		REG. DIST. NO. 2107		Registrars No. 66	
1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bollinger	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cracked Creek		c. LENGTH OF STAY (in this place) 1190		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cracked Creek	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) 3 miles south of Bessville Mo			
3. NAME OF DECEASED (Type or Print) Winnie Kathryn Trentham			4. DATE OF DEATH (Month) (Day) (Year) Aug. 31 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 20 1881		9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR Days 11 Hours 11 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Moore		13b. MOTHER'S MAIDEN NAME Sarah Rhodes	
14. NAME OF HUSBAND OR WIFE Thomas Trentham		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Thomas Trentham		18. ADDRESS Bessville Mo.		19. MEDICAL CERTIFICATION	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Decompensation ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Apoplexy DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 334X	
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) Cracked Creek Township; Bollinger; Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Aug. 30, 1950 , to Aug. 30, 1950 , that I last saw the deceased alive on Aug. 30, 1950 , and that death occurred at 9:00 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Richard E. Mitchell D.O.		23b. ADDRESS Lutesville, Missouri		23c. DATE SIGNED Sept 5, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 2, 1950		24c. NAME OF CEMETERY OR CREMATORY plainview	
24d. LOCATION (City, town, or county) (State) Bollinger Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Willie Van Amburgh		25. ADDRESS Subsail 70	
DATE REC'D BY LOCAL REG. Sept. 7, 1950					

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

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

P. O. Laine

Signed _____
Student Embalmer

Licensed Embalmer No. 4538

P. O. Address Jackson, 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.