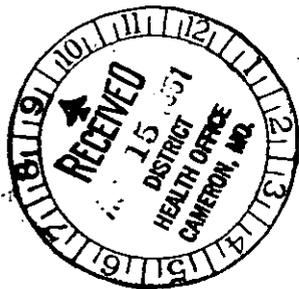


30  
4

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

BIRTH NO.		REG. DIST. NO. <b>44</b>		PRIMARY REG. DIST. NO. <b>4060</b>		Registrar's No. <b>14</b>			
1. PLACE OF DEATH a. COUNTY <b>Calderwell</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Calderwell</b>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Breckenridge</b>		c. LENGTH OF STAY (in this place) <b>3 wks</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Hamilton 01310</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Glick Nursing Home</b>				3. NAME OF DECEASED a. (First) <b>Milton</b> b. (Middle) <b>T</b> c. (Last) <b>Trosper</b>					
4. DATE OF DEATH <b>Apr 3, 1951</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			
8. DATE OF BIRTH <b>May 25, 1858</b>		9. AGE (In years last birthday) <b>92</b> Months <b>10</b> Days <b>8</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Farmer - Retired Stock Raising</b>		11. BIRTHPLACE (State or foreign country) <b>Davies Co., Mo</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>Benjamin Trosper</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Groves</b>		14. NAME OF HUSBAND OR WIFE <b>Fannie Trosper</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Georgia Anderson Hutcherson Kent</b>					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute heart attack in a Valvular disease</b> ANTECEDENT CAUSES <b>Influenza</b> 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.				INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b> <b>6 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>483x</b>				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)					
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 <b>3-27-</b> 1951, to <b>4-3-</b> 1951, that I last saw the deceased alive on <b>4-3-</b> 1951, and that death occurred at <b>9 P</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>J. W. Webb, M.D.</b>				23b. ADDRESS <b>Breckenridge, Mo</b>		23c. DATE SIGNED <b>4-5-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Apr 5, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Worrell Ave</b>		24d. LOCATION (City, town, or county) (State) <b>Breckenridge, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>4-9-51</b>		REGISTRAR'S SIGNATURE <b>Mrs. Nell B. Jones</b>		25. FORMAL DIRECTOR'S SIGNATURE <b>Grace Funeral Home Hamilton Mo</b>		ADDRESS			



**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 Marion A. Bram  
Licensed Embalmer No. 3918

P. O. Address Hamilton, Md.

**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.