

FILED JUN 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 19674

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4110 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury 0210</u>	
c. LENGTH OF STAY (In this place) <u>all</u>		d. STREET ADDRESS (If rural, give location) <u>So. Weber Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>Stella</u>	a. (First)	b. (Middle) <u>-</u>	c. (Last) <u>Trammel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5 27 51</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb 28 1864</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months Days	IF UNDER 48 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Newton Meadows</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Samuel F. Trammel</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>divene Mode</u> ADDRESS <u>Salisbury</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sub arachnoid hemorrhage</u>		<u>4 2a</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>disrupted Fractured P. Hips</u> DUE TO (c) <u>arteriosclerosis</u>		<u>4 2a</u> <u>(2)</u>
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"/>
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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)	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 5-23-1951 to 5-27-1951, that I last saw the deceased alive on 5-27-1951, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Hawkins MD</u> (Degree or title)	23b. ADDRESS <u>Salisbury Mo</u>	23c. DATE SIGNED <u>5/28/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5-30-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salisbury</u>	24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo</u>
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DATE REC'D BY LOCAL REG. <u>5/28/51</u>	REGISTRAR'S SIGNATURE <u>W. Hawkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo B Wintelmeyer</u> ADDRESS <u>Salisbury Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48  
210  
1

Date Received: JUN 1 1 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 6-51-107  
Date Filed: JUN 1 4 1951

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

*Chas B Winkelmayer*

Licensed Embalmer No. 3842

P. O. Address

Salisbury, 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.