

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23526

BIRTH NO. 45913-51 REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 34

0520
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>Knox</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <i>Missouri</i> b. COUNTY <i>Lewis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Edina Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Edina</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Shannon Hospital & Clinic</i>		d. STREET ADDRESS (If rural, give location) <i>L</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Deloris</i> b. (Middle) <i>Idelle</i> c. (Last) <i>Trowellion</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 9 '51</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>0</i>	8. DATE OF BIRTH <i>July 9-51</i>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Mins. <i>7</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>L</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>L</i>		11. BIRTHPLACE (State or foreign country) <i>0</i>	
12. CITIZEN OF WHAT COUNTRY? <i>0</i>					

13a. FATHER'S NAME <i>Cecil C. Trowellion</i>	13b. MOTHER'S MAIDEN NAME <i>Calenore Brunton</i>	14. NAME OF HUSBAND OR WIFE <i>0</i>
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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) <i>0</i>	16. SOCIAL SECURITY NO. <i>0</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Calenore Brunton - Edina, Mo.</i>	ADDRESS <i>0</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Atelectasis</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <i>premature birth</i>		
	DUE TO (c)		
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 <i>7625</i>	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 *7-8* 19*51* to *7-9* 19*51*, that I last saw the deceased alive on *7-9* 19*51*, and that death occurred at *5:30 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>D. D. Dreyfus</i>	(Degree or title)	23b. ADDRESS <i>Edina Mo.</i>	23c. DATE SIGNED <i>7-11-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>July-10-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Evergreen Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Camp Point, Ill.</i>
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DATE REC'D BY LOCAL REG. <i>July-12-1951</i>	REGISTRAR'S SIGNATURE <i>Dell S. Nurnast</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Kurt Hudson</i>	ADDRESS <i>Edina Mo.</i>
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Date Received: JUL 14 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-125'8
Date Filed: JUL 14 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, ^{not} or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina 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.