

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37869

FILED DEC 13 1951

State File No. ....

BIRTH NO. .... REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5578 Registrar's No. 204

6496  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Montana</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin (Rural) Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Custer</u>	
c. LENGTH OF STAY (In this place) <u>2 1/2 Mo.</u>		8250	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rt#3 Box#216 Stones Corner</u>		d. STREET ADDRESS (If rural, give location) <u>Comm.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Eleanor</u>	b. (Middle)	c. (Last) <u>TROWBRIDGE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 1, 1951</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>September 8, 1869</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months	IF UNDER 2 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>Domestic</u>	11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Unknown Russell</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Trowbridge (DEC'D)</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>A.P. Russell</u>	ADDRESS <u>Rt# 3 Box#216 Joplin, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			

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) (Min.)	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 11-27, 1951, to 12-1, 1951, that I last saw the deceased alive on 12-1, 1951, and that death occurred at 6:30 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>B. B. Munson</u> (Degree or title) <u>✓</u>	23b. ADDRESS <u>D. O. Webb City, Mo</u>	23c. DATE SIGNED <u>12-6-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec 6, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cotton wood Falls, Kansas</u>	24d. LOCATION (City, town, or county) (State) <u>E. Brown and Son Fun Home.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 6-51</u>	REGISTRAR'S SIGNATURE <u>J. L. Rutebeck</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>RD</u> ADDRESS <u>Thornhill-Dillon Mortuary, Joplin, Mo.</u>
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RECEIVED 12-11-51

Jasper County Health Office

County File Number 51/12/930

Date Filed 12-11-51

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.

Signed.....  
Student Embalmer

Signed

~~Student Embalmer No.....  
WE Heidtson~~

Licensed Embalmer No. 4330

P. O. Address Joplin, 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.