

STANDARD CERTIFICATE OF DEATH

FILED JAN 29 1952

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4160 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Daviness</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Daviness</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Winston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Winston</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u> b. (Middle) <u>Eugenia</u> c. (Last) <u>Trumbo</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 10 52</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>3</u>	8. DATE OF BIRTH <u>8-29-1897</u>	9. AGE (in years last birthday) <u>54</u>	IF UNDER 18: MONTHS DAYS HOURS MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone operator</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tremont, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wigger</u>		13b. MOTHER'S MAIDEN NAME <u>Lord</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>495-01-7888</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Trumbo</u>		ADDRESS <u>4916 Hinnette, Houston</u>			

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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Coronary Thrombus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about 30 minutes</u>	
ANTECEDENT CAUSES		DUE TO (b) _____			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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"/>	
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)		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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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>1-9-</u> , 19 <u>52</u> , and that death occurred at <u>8-50 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. R. Wilson, MD</u>		23b. ADDRESS <u>Winston, Mo.</u>		23c. DATE SIGNED <u>2 Jan 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 13-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kingston</u>	
24d. LOCATION (City, town, or county) (State) <u>Kingston Mo</u>		DATE REC'D BY LOCAL REG. <u>22 Jan. 1952</u>		REGISTRAR'S SIGNATURE <u>Katherine M Engelhart</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Mrs Kate Strouf</u>		ADDRESS <u>Winston, Mo</u>			

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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

L. P. Richerson
Student Embalmer No.....

Licensed Embalmer No. *3302*

P. O. Address *Ballantyne, 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.