

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31356

State File No.

Registrar's No. 882

FILED OCT 6 1952

BIRTH NO. 6901 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Rural, North Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		d. STREET ADDRESS (If rural, give location) Rt. #1	

3. NAME OF DECEASED (Type or Print) a. (First) Sharlyne b. (Middle) Jennifer c. (Last) Trogdon			4. DATE OF DEATH (Month) (Day) (Year) Sept. 28, 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Feb. 8, 1952	9. AGE (In years last birthday) 0	9. AGE (In years last birthday) 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Harry W. Trogdon	13b. MOTHER'S MAIDEN NAME Marie Martin	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Harry Trogdon	ADDRESS Springfield
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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 8 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease		
	II. OTHER SIGNIFICANT CONDITIONS Bilateral Cataract		

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) Springfield, Greene Mo.
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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 **9-25-**, 1952, to **9-28-**, 1952, that I last saw the deceased alive on **9-25-**, 1952, and that death occurred at **3:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul I. Busch M.D.	23b. ADDRESS 609 Cherry	23c. DATE SIGNED 9-28-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-30-52	24c. NAME OF CEMETERY OR CREMATORY Wanforth Cemetery	24d. LOCATION (City, town, or county) (State) Greene Co. MO
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DATE REC'D BY LOCAL REG. 9-30-52	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner	ADDRESS 46 Springfield
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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

396

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 Oglesborne, Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.