

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31386

State File No.

FILED SEP 24 1952

REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Trenton		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Trenton 1402	
c. LENGTH OF STAY (In this place) 2 weeks.		d. STREET ADDRESS (If rural, give location) 413 LINN ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wright Memorial Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Augustus b. (Middle) H c. (Last) McILVAIN			4. DATE OF DEATH (Month) (Day) (Year) Sept 8 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 5 1891	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 2 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Augusta, Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME J. J. McILVAIN		13b. MOTHER'S MAIDEN NAME URANIA PECKHAM.		14. NAME OF HUSBAND OR WIFE (dec.)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C.C. EVANS Trenton, Mo.	

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 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Unus type Bronchial Pneumonia		
	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 492X F.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, on public place) fall on basement steps Trenton		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Trenton Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 25 1952 12:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? fall on basement steps	

22. I hereby certify that I attended the deceased from **Aug 25 1952** to **Sept 8 1952**, that I last saw the deceased alive on **Sept 8, 1952** and that death occurred at **9:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. A. Duffey M.D.		23b. ADDRESS Trenton Mo		23c. DATE SIGNED Sept 9 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 10 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. MORIAH	
24d. LOCATION (City, town, or county) (State) Kansas City, MO					

DATE REC'D BY LOCAL REG. Sept 10, 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DAVIS-Blackmore Trenton, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Gordon Blackmer

Licensed Embalmer No. 4602

P. O. Address Juntura, 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.