

No. 300
10-48

STANDARD CERTIFICATE OF DEATH

State File No. **37373**

FILED OCT 27 1952

REG. DIST. NO. **330**

PRIMARY REG. DIST. NO. **6112B**

Registrar's No. **19**

1000

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

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: name and address before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) ILLMO		c. CITY (If outside corporate limits, write RURAL and give township) ILLMO 1000	
c. LENGTH OF STAY (In this place) 47 YRS.		d. STREET ADDRESS (If rural, give location) ✓	
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME			

3. NAME OF DECEASED (Type or Print) a. (First) JOSIE b. (Middle) PEARL c. (Last) TRAINUM			4. DATE OF DEATH (Month) (Day) (Year) OCT 20 1952		
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN 18, 1900		9. AGE (In years last birthday) 52 If under 1 year: Months _____ Days _____ If under 6 mos.: Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) MALEDEN MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME JOSEPH A. Mc GAUGH		13b. MOTHER'S MAIDEN NAME LUCY SLAYTON		14. NAME OF HUSBAND OR WIFE JAM. C. TRAINUM	
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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) NO		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE AND ADDRESS J. C. Trainum Illmo, Mo	
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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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of colon		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
		ANTECEDENT CAUSES Mortbid 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.			

18a. DATE OF OPERATION Sept. 21 51		18b. MAJOR FINDINGS OF OPERATION Carcinoma of colon		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) 155X	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Sept. 20 1951, to Oct. 20, 1952, that I last saw the deceased alive on Oct. 12, 1952, and that death occurred at 9-35P m., from the causes and on the date stated above.

23a. SIGNATURE <i>H. J. [Signature]</i>		23b. ADDRESS M. D. Illmo, Mo.		23c. DATE SIGNED Oct. 22 52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Oct 22, 1952		24c. NAME OF CEMETERY OR CREMATORY LIGHTNER		24d. LOCATION (City, town, or county) (State) ILLMO MISSOURI	
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DATE RECD BY LOCAL REG. Oct. 22 52		REGISTRAR'S SIGNATURE <i>H. J. [Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Basplinghoff Funeral Home Illmo, Mo</i>	
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RECEIVED 10-23-52
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1052-292

MAR 27 1959

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 C. C. Amick

Licensed Embalmer No. 4470

P. O. Address. Illmo, 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.