

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37566

State File No. 6183

FILED DEC 9 1952

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 6183

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

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Mexico Jefferson</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Vandalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mexico Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>Wesley</u>	c. (Last) <u>Trower</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 29, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 10, 1864</u>	9. AGE (In years last birthday) <u>88</u>	If UNDER 1 YEAR Month Day Hours Min.	If UNDER 1 YEAR Day Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Building</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gargges</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Middletown, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>Mo US</u>
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13a. FATHER'S NAME <u>Henry Trower</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Butler</u>	14. NAME OF HUSBAND OR WIFE <u>Alice Ingram</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>John Trower, Farber, Missouri</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		<u>1 year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypotension</u> DUE TO (c) <u>Generalized arteriosclerosis</u>		<u>4 years</u> <u>10 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Parkinson Disease</u>			<u>3 years</u>

19a. DATE OF OPERATION <u>name</u>	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	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) <u>none</u>	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 11/12, 1948, to 11/26, 1952, that I last saw the deceased alive on 11/26, 1952, and that death occurred at 4:35 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thos. L. Jwyer, M.D.</u>	23b. ADDRESS <u>Mexico, Mo.</u>	23c. DATE SIGNED <u>12/1/52</u>
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24a. BURIAL, CREMATION, REGIONAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 30, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smyrna Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pike County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec-1-1952</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely 9-0</u>	FUNERAL DIRECTOR'S SIGNATURE <u>William B Waters</u>	ADDRESS <u>Vandalia, 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.