S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 24 1952

State File No. 38977

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4767

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 46 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 308 E. 70th Terrace

3. NAME OF DECEASED (Type or Print)
a. (First): Paul
b. (Middle): C.
c. (Last): Trower

4. DATE OF DEATH (Month) (Day) (Year): 10-28-52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: AUG-3-1896
9. AGE (In years last birthday): 56 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GRAIN BUYER
10b. KIND OF BUSINESS OR INDUSTRY: Continental Grain Co.
11. BIRTHPLACE (City and State or Foreign Country): Kansas City Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: O. B. Trower
13b. MOTHER'S MAIDEN NAME: Lillie Cupps
14. NAME OF HUSBAND OR WIFE: Mrs. Lorraine Lota Trower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 495-05-1583
17. INFORMANT'S SIGNATURE OR NAME: Mrs. O. B. Trower — ADDRESS: 308 East 70th Terr. Kansas City, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cirrhosis of the Liver — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Nutritional Deficiency — several years

DUE TO (c): — 581.0

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*: Coronary Sclerosis — unknown

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 4, 1948, *to* Oct 28, 1952, *that I last saw the deceased alive on* Oct 28, 1952, *and that death occurred at* 5:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE William F. Sanders (Degree or title) M.D.
23b. ADDRESS: 1103 Grand K.C. Mo.
23c. DATE SIGNED: 10/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 31. 1952
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City Missouri

DATE REC'D BY LOCAL REG.: 10-31-52
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: W.H. Newcomer's Sons — ADDRESS: 1331 Brush Creek Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

4:30 a.m. [illegible]

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 Charles H Stickney

Licensed Embalmer No. 456a

P. O. Address KC 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.