

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10. 48

FILED FEB 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>4446</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>RAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HARDIN</u>		c. LENGTH OF STAY (In this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HARDIN</u>		<u>0890</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>				d. STREET ADDRESS (If rural, give location) <u></u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>GARFIELD</u> c. (Last) <u>TREGO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 29, 1953</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>DEC. 16, 1880</u>		9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days	IF UNDER 11 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JOHN TREGO</u>		13b. MOTHER'S MAIDEN NAME <u>MARY JANE DINE</u>		14. NAME OF HUSBAND OR WIFE <u>MAGGIE MAY TREGO</u>			
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></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LEVI TREGO STET, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma, trans. colon</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of prostate, not confirmed by biopsy.</u> DUE TO (c) <u>unknown.</u>				MEDICAL CERTIFICATION <u>Profuse Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Decompensated Hypertensive Heart-unknown</u>		19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u>177X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>					
22. I hereby certify that I attended the deceased from <u>Dec. 10, 1952</u> , to <u>Jan. 29, 1953</u> , that I last saw the deceased alive on <u>Jan. 29, 1953</u> , and that death occurred at <u>1:15a m.</u> , from the causes and on the date stated above.							
23. SIGNATURE <u>Robert A. Hew III</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Hardin, Missouri</u>		23c. DATE SIGNED <u>Jan. 29, '53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-31-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wakanda Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Ray Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 2-1953</u>		REGISTRAR'S SIGNATURE <u>Maribel Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Knijarski & Borckeding</u>		ADDRESS <u>Hardin, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 August Borcharding

Licensed Embalmer No. 4678

P. O. Address Hardin, 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.