

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8916**

FILED APR 6 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>373</u>	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Doniphan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 6 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Center Twsp <u>8150</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 834 So. 9th St.				d. STREET ADDRESS (If rural, give location) 8			
3. NAME OF DECEASED (Type or Print) GERTIE		a. (First)		b. (Middle)		c. (Last) TRANT	
4. DATE OF DEATH (Month) (Day) (Year) March 19, 1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <u>2</u>	
8. DATE OF BIRTH Jan 25, 1891		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Reuben Meade		13b. MOTHER'S MAIDEN NAME Mary Edwards		14. NAME OF HUSBAND OR WIFE Ellis Trant (Deceased)			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Trant, Troy, Kansas			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma-Right Lung (First found Mo. Metho. Hospital) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Spine (First found Kansas Med. Center) DUE TO (c) (C.A. of lung probably the primary site) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Dec. 1952 Jan. 1953	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		162X	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 6, 1952</u> , to <u>Mar 19, 1953</u> , that I last saw the deceased alive on <u>Mar 18, 1953</u> , and that death occurred at <u>12:05 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Typed or title) A. S. Cordover M.D.				23b. ADDRESS Troy, Kansas		23c. DATE SIGNED Mar 21, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-19-53		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive		24d. LOCATION (City, town, or county) (State) Troy, Kansas	
DATE REC'D BY LOCAL REG. March 30, 1953		REGISTRAR'S SIGNATURE Esther M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Karr Funeral Home Troy Mo		ADDRESS Vernon B. Tibbitts	

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

APR 7 1953

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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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.