

STANDARD CERTIFICATE OF DEATH

FILED APR 27 1953  
BIRTH NO. 21258 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 200 Registrar's No. 407

396  
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>615 - E. Brower</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hoptl</u>			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>MARY</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>TROUT</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>4-21-53</u>
9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
<u>73</u>	<u>Infant</u>	<u>Springfield Mo</u>	<u>U.S.</u>

13a. FATHER'S NAME <u>Wm Trout</u>	13b. MOTHER'S MAIDEN NAME <u>Beale Herron</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Beale Trout 615 E. Brower</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>premature, Cause Undetermined</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>776 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12:30 am 2/19/53, to april 21, 1953, that I last saw the deceased alive on april 21, 1953, and that death occurred at 3:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lynn W. Brown M.D.</u>	23b. ADDRESS <u>307 1/2 College</u>	23c. DATE SIGNED <u>4/24/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-27-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazlewood</u>
24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.V. Smith 602 N. Jefferson</u>	
DATE REC'D BY LOCAL REG. <u>4-24-53</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</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.....

Licensed Embalmer No.....

P. O. Address.....

**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.