

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24341

State File No.

FILED JUL 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>103</u>		PRIMARY REG. DIST. NO. <u>5417</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Franklin</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Hameriville MO.</u>		c. LENGTH OF STAY (in this place) <u>47 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hameriville</u> <u>0350</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Star Pt.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>TILLIE-</u> b. (Middle) <u>MARRY TROWBRIDGE</u> c. (Last) <u>W.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-18-1953</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3/31-1906</u>	
9. AGE (In years last birthday) <u>47</u>		10. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Halland MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Jim Stenberg</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Sanford</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>498-10-1532</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jan Trowbridge</u> ADDRESS <u>Hameriville 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>instant</u> 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>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7/18/53</u> , 19 <u>53</u> , to <u>7/18/53</u> , 19 <u>53</u> , that I last saw the deceased <u>at home</u> <u>7/18/53</u> 19 <u>53</u> , and that death occurred at <u>11 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. T. Emerson</u> (Degree or title)				23b. ADDRESS <u>Hameriville MO</u>		23c. DATE SIGNED <u>7/19/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-19-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett MO</u>	
DATE REC'D BY LOCAL REG. <u>7-20-1953</u>		REGISTRAR'S SIGNATURE <u>Clyde A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. T. Emerson, Janesville Ark</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 7-25-53
COUNTY FILE NUMBER 753-194

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 W. T. Emerson

Licensed Embalmer No. 959

P. O. Address Jonesboro

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.