

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30925

State File No.

FILED SEP 24 1953

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 290

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville		c. LENGTH OF STAY (in this place) OR TOWN 2 Day	
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) Robert Henry Trowbridge			4. DATE OF DEATH (Month) (Day) (Year) Sept, 6, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 12, 1886	9. AGE (In years) (Months) (Days) 67 6 24	IF UNDER 18 HRS. Hours Min. -- --
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME William Trowbridge		13b. MOTHER'S MAIDEN NAME Paulina Collins		14. NAME OF HUSBAND OR WIFE Gleneva Trowbridge	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gleneva Trowbridge La Plata, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self-inflicted gunshot wound of head.					9-4-53	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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		Coronary thrombosis and left bundle branch block.			Unknown	
Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION 9-4-53		19b. MAJOR FINDINGS OF OPERATION Debridement of gunshot wound and craniotomy.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) La Plata, Macon 06 Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-4-53 Approx. 3:45 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self-inflicted gunshot wound of head.	

22. I hereby certify that I attended the deceased from 9-11, 1953, to 9-6, 1953, that I last saw the deceased alive on 9-6, 1953, and that death occurred at 9:05 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl Lange Sr. Col.		23b. ADDRESS Kirkville, Missouri		23c. DATE SIGNED 9-18-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 7, 1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Tabor Cemetery	
				24d. LOCATION (City, town, or county) (State) East of Atlanta, Mo.	
DATE REC'D BY LOCAL REG. 9-19-53		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenneston Wilson La Plata Mo.	

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 Kenneth M. Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata, 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.