

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

**35115**

State File No. ....

FILED OCT 19 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1086</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		0117 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>302 1/2 Illinois Ave.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillian</u> b. (Middle) <u>Frances</u> c. (Last) <u>Trant</u>			4. DATE OF DEATH <u>Oct. 5, 1953</u> (Month) (Day) (Year)					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Nov. 27, 1871</u>		9. AGE (In years last birthday) <u>81</u>		10. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Osborne City, Kansas /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Benjamin Agee</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Allen</u>		14. NAME OF HUSBAND OR WIFE <u>John L. Trant</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Roy Harper, 203 1/2 E. Mo. Ave., City</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>Congestive Heart Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>				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>4500</u>				20. AUTOPSY? YES <input checked="" 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) m.		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>9/23, 1953</u> , to <u>10/5, 1953</u> , that I last saw the deceased alive on <u>10/3, 1953</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Gwen W. Stearns M.D.</u>				23b. ADDRESS <u>Tootle Building St. Joseph, Mo.</u>		23c. DATE SIGNED <u>10/6/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 7, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct 10, 1953</u>		REGISTRAR'S SIGNATURE <u>Bethan M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark Funeral Home</u>		ADDRESS <u>120 Illinois Av.</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 *Emil A. Clark*

Licensed Embalmer No. 4235

P. O. Address *St. Joseph*

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.