

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7476

BIRTH NO. FILED MAR 5 1954 REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Md b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give town) CHAFFEE		c. CITY (If outside corporate limits, write RURAL and give township) CHAFFEE 1001	
c. LENGTH OF STAY (in this place) 2 DAYS		d. STREET ADDRESS (If rural, give location) 222 W. DAVIDSON	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 222 W DAVIDSON			

3. NAME OF DECEASED (Type or Print) DORA EVELYN TROST			4. DATE OF DEATH (Month) (Day) (Year) 2 19 1954		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	
8. DATE OF BIRTH OCT. 2 - 1897		9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months 4 Days 17	
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 (State or foreign country) MODOG ILL. 1	
12. CITIZEN OF WHAT COUNTRY? ✓					

13a. FATHER'S NAME FRANK BARR		13b. MOTHER'S MAIDEN NAME CYNTHIA WILLS		14. NAME OF HUSBAND OR WIFE F. A. TROST	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. F. A. Trost - Chaffee Mo	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Parcomatoris		INTERVAL BETWEEN ONSET AND DEATH 1 year	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Generalized			
		DUE TO (c) Sarcoma Leg & Pelvis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 1953		19b. MAJOR FINDINGS OF OPERATION Don't know Osteopathic Hospital		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) 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 Dec, 1953, to 2-19, 1954, that I last saw the deceased alive on 2-18, 1954, and that death occurred at 9a.m., from the causes and on the date stated above.

23a. SIGNATURE W. O. Finney, M.D. (Degree or title)		23b. ADDRESS 1st Bldg. Chaffee Mo		23c. DATE SIGNED 2/19/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 2-22-54		24c. NAME OF CEMETERY OR CREMATORY St. Ambrose Cemetery Chaffee Mo	
24d. LOCATION (City, town, or county) (State)		Chaffee Mo			

DATE REC'D BY LOCAL REG. 2-22-54		REGISTRAR'S SIGNATURE Mrs. B. B. B. 445		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. Stahler - Chaffee Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

5. No. 300  
10. 48

1001

MAR 1 1954

RECEIVED

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 254-46

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.

3870

P. O. Address

Cape Girardeau, 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.