

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1000

BIRTH NO. FILED MAR 18 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1000

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 52yrs. | | e. STREET ADDRESS (If rural, give location) 3824 East 59th Terrace | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3824 East 59th Terrace | | 79 - 3824 East 59th Terrace 3748 D | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Alma | | b. (Middle) Eliza | c. (Last) Trissell |
| 4. DATE OF DEATH (Month) (Day) (Year) March 3, 1954 | | 5. SEX Female | |
| 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH August 18, 1872 | | 9. AGE (In years last birthday) Months Days 81 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | |
| 11. BIRTHPLACE (City and State or Foreign Country) Springfield, Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME David K. Enslow | | 13b. MOTHER'S MAIDEN NAME Mary Morris | |
| 14. NAME OF HUSBAND OR WIFE Louis M. Trissell | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Lelah M. Flagler - 3824 East 59th Terrace | |
| 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) Cerebral Hemorrhage ANTECEDENT CAUSES Arterio Sclerosis 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 | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| 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 July , 19 54 , to 3-3 , 19 54 , that I last saw the deceased alive on 3-3 , 19 54 , and that death occurred at 4:35 P.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE D. J. Tarson, M.D. | | 23b. ADDRESS 3221 Troost, KCMO | |
| 23c. DATE SIGNED 3-5-54 | | 24a. BURIAL, CREMATION, REMOVALS (Specify) BURIAL | |
| 24b. DATE MAR-5-1954 | | 24c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY | |
| 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI | | 25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer | |
| DATE REC'D BY LOCAL REG. 3-5-54 | | REGISTRAR'S SIGNATURE Sheldine Smith | |
| ADDRESS 1331 1/2 Union Creek Kansas City Mo | | ADDRESS Kansas City Mo | |

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.....
Signature of Student Embalmer

Signed *R. S. G. Boy*

Licensed Embalmer No. *1489*

P. O. Address *1610, N*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.