

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9289**  
Registrar's No. **70**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **5655**

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

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt. Vernon</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>	
c. LENGTH OF STAY (in this place) <b>267 days</b>		d. STREET ADDRESS (If rural, give location) <b>Route 4, Box 252</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. State Sanatorium</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Clifford</b> b. (Middle) <b>R.</b> c. (Last) <b>Trewin</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 25, 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>9-21-04</b>		9. AGE (In years last birthday) <b>49</b>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner &amp; Grocer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mining &amp; Grocery</b>		11. BIRTHPLACE (State or foreign country) <b>New York</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Thomas A. Trewin</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Ford</b>		14. NAME OF HUSBAND OR WIFE <b>Thelma Trewin</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>440-07-1413</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>San records, Mo. S.S., Mt. Vernon, Mo.</b>	
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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) <b>Generalized metastatic carcinomatosis (primary in pancreas)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>157XA</b>				INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulmonary tuberculosis, silicosis</b>				about <b>12 yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>with extensive silicosis of lymph nodes</b>				19c. 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)		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 **6-30-1953** to **3-25-1954**, that I last saw the deceased alive on **3-25-1954**, and that death occurred at **5:55 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. C. Brasher M.D.</b>		23b. ADDRESS <b>Mt. Vernon, Missouri</b>		23c. DATE SIGNED <b>3-25-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-25-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEMORIAL PARK</b>		24d. LOCATION (City, town, or county) (State) <b>JOPLIN MISSOURI</b>	
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DATE REC'D BY LOCAL REG. <b>3-25-54</b>		REGISTRAR'S SIGNATURE <b>Cecil Hendrick</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	
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**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

*F. M. Jones*

Licensed Embalmer No. *2519*

P. O. Address

*Joplin 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.