

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12260**  
**1625**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	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) <b>14 YEARS</b>		e. STREET ADDRESS (If rural, give location) <b>7 East 57th Terrace</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>St. Marys Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b> b. (Middle) <b>Ira</b> c. (Last) <b>Trout</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 8, 1954</b>
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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>Dec. 27, 1888</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PHARMACIST</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>WARRIOR HOSTELRY PRESCRIPTION SHOP</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>KENT, Washington</b>	12. COUNTRY OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Enos Trout</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Emily Fischer</b>	14. NAME OF HUSBAND OR WIFE <b>Alda Trout</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>518-05-6317</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Opal S. Hill - 7 East 75th Terrace Kansas City, 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		INTERVAL BETWEEN ONSET AND DEATH <b>3 mos</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Primary carcinoma of lung with Generalized Metastasis</b>		
	ANTECEDENT CAUSES Morbidity 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.		<b>1624</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July, 1932, to April 8, 1954, that I last saw the deceased alive on April 8, 1954, and that death occurred at 7:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. W. Dodson</b>	23b. ADDRESS <b>1010 Prof Bldg. Kansas City, Mo.</b>	23c. DATE SIGNED <b>4-9-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>	24b. DATE <b>APR 11 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>DW. NEWCOMER'S SONS</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>4-10-54</b>	REGISTRAR'S SIGNATURE <b>Sheldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>DW. Newcomer's Sons Kansas City, Mo.</b>
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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.....  
Signature of Student Embalmer

Signed..... *Reese Kessel* .....

Licensed Embalmer No. *469*.....

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