

FILED MAY 19 1954

STANDARD CERTIFICATE OF DEATH

State File No. 14774

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>119</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>			
b. CITY OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Millan</u>		1050 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hosp.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John Nichols Troyer</u> b. (Middle) <u>Sevier</u> c. (Last) <u>Sevier</u>			4. DATE OF DEATH		5-6-54		(Month) (Day) (Year)
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>9-16-1897</u>		9. AGE (in years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>20</u>	IF UNDER 14 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Mo - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>James W. Sevier</u>			13b. MOTHER'S MAIDEN NAME <u>Magdaline Troyer</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Christy</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Sevier</u> ADDRESS <u>Millan Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxic Coma</u>					<u>2 weeks</u>
		ANTECEDENT CAUSES					UNKNOW
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HEPATIC INSUFFICIENCY</u> <u>INTRA HEPATIC PORTAL OBSTRUCTION</u> DUE TO (c) <u>WITH DEGENERATION OF LIVER CELLS</u>					UNKNOW
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>					
19a. DATE OF OPERATION <u>3-20-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>cholecystectomy - cholecholestomy</u>				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 <u>3-17, 1954</u> , to <u>5-6, 1954</u> , that I last saw the deceased alive on <u>5-6, 1954</u> , and that death occurred at <u>5:22 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul Hauge Jr</u> (Degree or title)			23b. ADDRESS <u>207 Kirksville Mo</u>			23c. DATE SIGNED <u>5-11-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5-10-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Sullivan Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-13-54</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoelley</u>		ADDRESS <u>Millan Mo</u>	

1961 6 10W

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 _____

Daright Schaefer

Licensed Embalmer No. 2667

P. O. Address Niles - 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.