

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ **REG. DIST. NO.** 1 **PRIMARY REG. DIST. NO.** 4002 **Registrar's No.** 160

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>IOWA</u> b. COUNTY <u>LEE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRASHEAR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FT. MADISON</u>	
c. LENGTH OF STAY (in this place) <u>4 WEEKS</u>		d. STREET ADDRESS (If rural, give location) <u>3110 S</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BRASHEAR</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMER</u> b. (Middle) <u>DOUGLAS</u> c. (Last) <u>TRAMPY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 6 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>SEPT 7 1885</u>
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KNOX CO. MISSOURI</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>DOUGLAS M. TRAMPY</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH TYHURST TRAMPY</u>	14. NAME OF HUSBAND OR WIFE <u>DIVORCED</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. <u>709-16-3642</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LEONA LOCKETT</u> ADDRESS <u>BRASHEAR MO</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>ADD. AD. CARCINOMA of PROSTATE</u> *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) <u>ADD. AD. CARCINOMA of PROSTATE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MALNUTRITION</u> 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 <u>177X</u>	20. AUTOPSY? YES <input 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) (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>May 9</u>, 19<u>54</u>, to <u>June 6</u>, 19<u>54</u>, that I last saw the deceased alive on <u>June 6</u>, 19<u>54</u>, and that death occurred at <u>11:00 A.M.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>William H. Eberhart, D.O.</u>		23b. ADDRESS <u>Edina MO</u>	23c. DATE SIGNED <u>June 7, 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 8 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LINVILLE</u>	24d. LOCATION (City, town, or county) (State) <u>EDINA MO</u>
DATE REC'D BY LOCAL REG. <u>6-14-54</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. E. Casper</u> ADDRESS <u>Hurdland MO</u>	

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
Student Embalmer

Signed

Geo. B. Casey Jr.

Licensed Embalmer No. *3755*

P. O. Address. *Hurdland 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.