

FILED JUL 27 1954

## STANDARD CERTIFICATE OF DEATH

23407

State File No. ....

BIRTH NO. .... REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY	
c. LENGTH OF STAY (in this place) 5 DAYS		d. STREET ADDRESS (If rural, give location) 624 SOUTH HALL	
d. FULL NAME OF HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) BERTIE	b. (Middle)	c. (Last) TROUTMAN	4. DATE OF DEATH (Month) (Day) (Year) JULY 17, 1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 26, 1897	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 21	Hours	Min.
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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 (State or foreign country) ARKANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME SAMUEL VAN BUGHER	13b. MOTHER'S MAIDEN NAME BETTY WARD	14. NAME OF HUSBAND OR WIFE
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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) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. DONIE KENNEDY WEBB CITY, MISSOURI
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction (operated)		INTERVAL BETWEEN ONSET AND DEATH 4 days
	II. OTHER SIGNIFICANT CONDITIONS Chronic cholecystitis myocarditis		
*ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 5705 DUE TO (c)			

19a. DATE OF OPERATION 7/15/54	19b. MAJOR FINDINGS OF OPERATION part of ascending colon Intestinal obstruction in cecum & greater	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 6/27/54 to 7/17, 1954, that I last saw the deceased alive on 7/17, 1954, and that death occurred at 9:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) D.O.	23b. ADDRESS Webb City, Missouri.	23c. DATE SIGNED 7/22/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 21, 1954	24c. NAME OF CEMETERY OR CREMATORY MT HOPE CEMETERY	24d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI
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DATE REC'D BY LOCAL REG. 7-22-54	REGISTRAR'S SIGNATURE Mrs. Madeline Smitzer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE LEWIS FUNERAL HOME WEBB CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 26 1955  
Jasper County Health Office  
County File Number 54-7-6  
Date Filed JUL 26 1955

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.