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FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24173

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 228

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Farmington
c. LENGTH OF STAY (in this place) 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pension Nursing Home 402 S. Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pilot Knob 8470
d. STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print)
a. (First) HENRY b. (Middle) c. (Last) TRAMEL

4. DATE OF DEATH (Month) (Day) (Year) July 28 1954

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced

8. DATE OF BIRTH Jan. 20 1876

9. AGE (In years last birthday) 78 — If under 1 year: Months 6 Days 8 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer

10b. KIND OF BUSINESS OR INDUSTRY Timber

11. BIRTHPLACE (City and State or Foreign Country) Bismarck, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fields Tramel

13b. MOTHER'S MAIDEN NAME Dicey Mayfield

14. NAME OF HUSBAND OR WIFE ##

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mabel Yates, Pilot Knob Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — Interval between onset and death: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis & Senility — 2 yrs

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 4500

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July —, 1953, *to* July 28, 1954, *that I last saw the deceased alive on* July 27, 1954, *and that death occurred at* 9:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R. M. Stanfield M.D.

23b. ADDRESS Farmington Mo

23c. DATE SIGNED 7/30/54

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 7-30-54

24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery

24d. LOCATION (City, town, or county) (State) Ironton Missouri

DATE REC'D BY LOCAL REG. JULY 30, 1954

REGISTRAR'S SIGNATURE Esther Rudolph

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Russell J. White

Licensed Embalmer No. 3012

P. O. Address Santa Fe

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.