

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32283

State File No. _____

FILED SEP 16 1954

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8017	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Tennessee b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN Jackson		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital				e. STREET ADDRESS (If rural, give location) 8 41st 8			
3. NAME OF DECEASED (Type or Print) Raymond		a. (First) J.		b. (Middle) Trolinger		c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) AUG 26 1954		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 9-8-11		9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Engineer		10b. KIND OF BUSINESS OR INDUSTRY G. M. & O. R.R.		11. BIRTHPLACE (City and State or Foreign Country) Chattanooga, Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George W. Trolinger		13b. MOTHER'S MAIDEN NAME Naomi Martin		14. NAME OF HUSBAND OR WIFE Mary Moore Trolinger			
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. Nil		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Moore Trolinger Jackson Tenn			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, metastatic, both lungs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Kidney, left. DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Months Unknown	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 180X			
22. I hereby certify that I attended the deceased from July 1, 1954 , to Aug 26, 1954 , that I last saw the deceased alive on Aug 26, 1954 , and that death occurred at 3:05 pm. , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) Clement J. Sullivan, M.D.				23b. ADDRESS No. Pac. Hosp. Bldg.		23c. DATE SIGNED 8-27-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-26-54		24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens		24d. LOCATION (City, town, or county) (State) Jackson, Tennessee.	
DATE REC'D BY LOCAL REG. AUG 31 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4800 Washington			

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

S.P. (Licensed Embalmer's Statement on Reverse Side)

SEP 20 1953

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 *J Wm Dinkley*.....

Licensed Embalmer No. *3653*.....

P. O. Address *St Louis*.....

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.