

36962

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 6 1954

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u>	
c. LENGTH OF STAY (in this place) <u>5 wks</u>		d. STREET ADDRESS (If rural, give location) <u>Hospital</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Dunklin County Memorial Hospital</u>		(21)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Iva</u> b. (Middle) <u>Nell</u> c. (Last) <u>Troubridge</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-21-1954</u>		
5. SEX <u>FA</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 16 - 1932</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Min. <u>22-10-5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeping at Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Huntington Tenn</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Oliver Brown May</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie Mabel Monday</u>	
14. NAME OF HUSBAND OR WIFE <u>Homer Calvin Troubridge</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>493-32-5517</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Larina Kimbrow, Gary Indiana</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Suppurative Hepatitis &amp; Liver Abscess</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Suppurative Hepatitis &amp; Liver Abscess</u>		19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) 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 Oct 18, 1954; to Nov 21, 1954, that I last saw the deceased alive on Nov 21, 1954, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George O. Summers M.D.</u>		23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>11/28/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 22-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Malden Park Memorial</u>	
24d. LOCATION (City, town, or county) (State) <u>North of Malden Mo</u>		DATE REC'D BY LOCAL REG. <u>11-30-54</u>		REGISTRAR'S SIGNATURE <u>Carl Husban</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas C. Knight</u>		ADDRESS <u>Malden Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

No. 48

2 give full name (printed)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 12-2-54

COUNTY FILE NUMBER 1254-317

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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 Thomas C Knight

Licensed Embalmer No. 2189

P. O. Address Malden 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.