

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4171**

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Carrollton</u>		c. CITY OR TOWN <u>Carrollton</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <u>301 So. Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>301 So. Main</u>			

3. NAME OF DECEASED (Type or Print) <u>HARVEY MILLS TROTTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 1, 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Nov. 5, 1907</u>		9. AGE (In years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mountain View, Okla.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13. KIND OF BUSINESS OR INDUSTRY <u>Pipe Line</u>	

13a. FATHER'S NAME <u>John Trotter</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Scott</u>		14. NAME OF HUSBAND OR WIFE <u>Alice M. Trotter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>496-03-8847</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Clay</u>	
				ADDRESS <u>Bosworth Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial</u>		DUE TO (b) <u>Collapse</u>		<u>few</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		<u>minutes</u>	
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		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) <u>4222</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Mar 1, 1955 to Mar 1, 1955 that I last saw the deceased alive on Mar 1, 1955 and that death occurred at 11:55 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. Hamilton</u>		23b. ADDRESS <u>Station M.H. Carrollton Mo.</u>		23c. DATE SIGNED <u>Mar 25</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-3-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Standley Gibson</u>		ADDRESS <u>Carrollton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-4-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Verber Calvert</u>		45	

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

PLATE 8 1926

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..... Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address. Carrollton

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.