

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5145**
647

FILED MAR 15 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 1 year	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital		9. STREET ADDRESS (If rural, give location) 7638 Oak	

3. NAME OF DECEASED (Type or Print) a. (First) Joyce b. (Middle) c. (Last) Trogdon		4. DATE OF DEATH (Month) (Day) (Year) 2 10 55	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 14, 1918
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 36
		11. BIRTHPLACE (City and State or Foreign Country) Overland Park, Kansas	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Albert C. Conser		13b. MOTHER'S MAIDEN NAME Harriet Birk		14. NAME OF HUSBAND OR WIFE Spencer W. Trogdon	
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 Spencer W. Trogdon, 7638 Oak, K. C., 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Neoplasm ANTECEDENT CAUSES Brain - Lung - Lymph glands Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 1955	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 2-9-55		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 **Jan 5, 1955** to **Feb 10, 1955**, that I last saw the deceased alive on **Feb 10, 1955**, and that death occurred at **3:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Jack B. Brams (Degree or title) M.D.		23b. ADDRESS 1103 Grand Ave		23c. DATE SIGNED Feb 10	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-12-55		24c. NAME OF CEMETERY OR CREMATORY Mount Moriah	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.		ADDRESS K.C.MO.	
DATE REC'D BY LOCAL REG. 2-12-55		REGISTRAR'S SIGNATURE Neva Marshall			

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.....
Signature of Student Embalmer

Signed *Elmo D. Fiplett*

Licensed Embalmer No. *481*

P. O. Address *Kansas*

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.