

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7833

State File No. ....

FILED MAR 21 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 158 PRIMARY REG. DIST. NO. 2000 Registrar's No. 239

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield Mo</u>	c. LENGTH OF STAY (in this place) <u>3 mos</u>	c. CITY OR TOWN <u>Bois D Arc</u>	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 <u>1137 Maryland</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Minnie</u>	b. (Middle) <u>Trogdon</u>	c. (Last) <u>Johns</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 17-1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 23-1880</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Greene Co Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>H. F. Helton</u>	13b. MOTHER'S MAIDEN NAME <u>Rosetta Carter</u>	14. NAME OF HUSBAND OR WIFE <u></u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Tom West</u>	ADDRESS <u>Bois D Arc Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cecum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>one year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>8/13/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Cecum</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from August 1954, to March 17, 1955, that I last saw the deceased alive on March 12, 1955, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Horace A. Louw, J. M.D.</u>	22b. ADDRESS <u>430 fourth st. Springfield Mo</u>	22c. DATE SIGNED <u>3/18/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 20-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Prospect Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Bois D Arc Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-18-55</u>	REGISTRAR'S SIGNATURE <u>Earl W. Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Birch</u>	ADDRESS <u>Ash Grove Mo</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3856

P. O. Address. Ash Grove

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.