

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10971

State File No.

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5109</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>RURAL C. Creek</u> c. LENGTH OF STAY (in this place) <u>LIFE</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>BOLLINGER</u> c. CITY OR TOWN <u>Bessville</u> d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ STREET ADDRESS (If rural, give location) <u>RURAL - NEAR Bessville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMIRE</u> b. (Middle) <u>ROSEANN</u> c. (Last) <u>TRENTHAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 19 - 55</u>		5. SEX <u>Fm</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 29, 1886</u>		9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR Days <u>7</u> IF UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BOLLINGER County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John Upchurch</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY LINCOLN</u>		14. NAME OF HUSBAND OR WIFE <u>James Trentham</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Trentham</u> ADDRESS <u>Bessville Mo</u>			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u> ANTECEDENT CAUSES Morbidity 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. INTERVAL BETWEEN ONSET AND DEATH		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1561</u>		20. AUTOPSY? YES ☐ NO ☒	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒					
22. I hereby certify that I attended the deceased from <u>Jan 1st</u> , 19 <u>54</u> , to <u>Mar 19</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Mar 1st</u> , 19 <u>55</u> , and that death occurred at <u>2:05 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edw. Crites Jr. M.D.</u>		23b. ADDRESS <u>Sedgewickville Mo.</u>		23c. DATE SIGNED <u>4-8-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HURRICANE FORK</u>		24d. LOCATION (City, town, or county) (State) <u>BOLLINGER CO. MO</u>	
DATE REC'D BY LOCAL REG. <u>Apr 11-1955</u>		REGISTRAR'S SIGNATURE <u>Willie C. Amburge</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Ward</u>		ADDRESS <u>Luttwille Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Licensed Embalmer No. 3810
P. O. Address Cape Girardeau

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.