

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18370

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) Trenton		c. LENGTH OF STAY (in this place) 15 days	c. CITY OR TOWN Trenton
d. FULL NAME OF HOSPITAL OR INSTITUTION Wright Memorial Hospital		e. STREET ADDRESS (If rural, give location) 1417 Mabel St. 04023	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) JOHN	b. (Middle) AARON	c. (Last) ADMIRE	Month) Apr.	(Day) 20	(Year) 1955

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 6, 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Day 15	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) plumber	10b. KIND OF BUSINESS OR INDUSTRY city water dept	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Jesse Admire	13b. MOTHER'S MAIDEN NAME Mary Furgason	14. NAME OF HUSBAND OR WIFE Annie Admire
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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. 500-36-0736	17. INFORMANT'S SIGNATURE OR NAME Mrs. Annie Admire, 1417 Mabel St.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular Renal Dis. Trenton		INTERVAL BETWEEN ONSET AND DEATH 5 or 6 mos
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		442XF
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) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) Home - stairs entrance	21c. (CITY, TOWN, OR TOWNSHIP) Trenton	(COUNTY) Grundy	(STATE) Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 5-53 2P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell on entrance steps to house
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22. I hereby certify that I attended the deceased from Apr 5, 1955, to Apr 20, 1955; that I last saw the deceased alive on Apr 20, 1955, and that death occurred at 9:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE E.A. Duffy MD	(Degree or title)	23b. ADDRESS Trenton Mo.	23c. DATE SIGNED Apr 22 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Apr. 23, 1955	24c. NAME OF CEMETERY OR CREMATORY Maple Grove	24d. LOCATION (City, town, or county) (State) Trenton, Grundy, Missouri
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DATE REC'D BY LOCAL REG. 4-23-55	REGISTRAR'S SIGNATURE Irene Falls	25. FUNERAL DIRECTOR'S SIGNATURE Donald H. Hater	ADDRESS Trenton, Mo.
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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 *Ronald H Slater*.....

Licensed Embalmer No. 446.....

P. O. Address Trenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.