

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21559

BIRTH NO.		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 3015		Registrar's No. 58	
1. PLACE OF DEATH a. COUNTY Clinton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviness			
b. CITY OR TOWN Cameron		c. LENGTH OF STAY (In this place) 2 1/2 Hrs.		c. CITY OR TOWN Gallatin		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community Hospital				STREET ADDRESS (If rural, give location) ---			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Adam c. (Last) Troxel			4. DATE OF DEATH (Month) (Day) (Year) Aug. 8 1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 20 1879		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner		11. BIRTHPLACE (City and State or Foreign Country) Daviness County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ira William Troxel		13b. MOTHER'S MAIDEN NAME Martha Melvina Terry		14. NAME OF HUSBAND OR WIFE Cordia E. Troxel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Franklin Troxel, Gallatin, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gun shot wound, forehead INTERVAL BETWEEN ONSET AND DEATH 3h 40min 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		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		E976X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) GALLATIN DAVESS CO. MO.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 8 1955 8:40 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 9 UN SHOT WOUND (.22 CAL) SELF INFLICTED.			
22. I hereby certify that I attended the deceased from Aug 8 , 1955, to Aug 8 , 1955, that I last saw the deceased alive on Aug 8 , 1955, and that death occurred at 11:40 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edward A. Lewis M.D.				23b. ADDRESS Gallatin Mo		23c. DATE SIGNED Aug 9, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-10-1955		24c. NAME OF CEMETERY OR CREMATORY Scotland Cemetery		24d. LOCATION (City, town, or county) (State) Daviness Co. Missouri	
DATE REC'D BY LOCAL REG. 8-11-55		REGISTRAR'S SIGNATURE Wimfred W. Moser		3900 25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home		ADDRESS Gallatin, Mo.	

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

AUG 23 1956

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.....
L. O. Richerson

Licensed Embalmer No. 33
P. O. Address.....
Gallatin

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.