

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33588

State File No. 4352

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, Mo.	c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN GRANVIEW	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 St Joseph Hospital.		e. STREET ADDRESS (If rural, give location) 13560 CYPRESS 1001	

3. NAME OF DECEASED (Type or Print) a. (First) JANICE b. (Middle) TRESTER c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 10 / 7 / 55
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5. SEX GIRL	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 10/7/55	9. AGE (In years last birthday) 10m
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) dry	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) KANSAS City, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME PAUL Joseph Trestler	13b. MOTHER'S MAIDEN NAME Betty Jo Boles	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Betty Trestler ADDRESS Granview Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary thromboembolism		10 1/2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) prematurity		5 1/2 hrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		7735	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	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) (Min.)	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 **Oct 7, 1955**, to **Oct 7, 1955**, that I last saw the deceased alive on **Oct 7, 1955** and that death occurred at **1:39 pm.**, from the causes and on the date stated above.

23a. SIGNATURE John P. Skilton (Degree or title) MD	23b. ADDRESS 1102 Grand St. PMO	23c. DATE SIGNED 10-7-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-8-55	24c. NAME OF CEMETERY OR CREMATORY Barnet Hill	24d. LOCATION (City, town, or county) (State) Kansas City, MO
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DATE REC'D BY LOCAL REG. 10-10-55	REGISTRAR'S SIGNATURE new minshall	25. FUNERAL DIRECTOR'S SIGNATURE McLardy-McGulley ADDRESS 1800 E. ...
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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 *Juan E. Miller*.....

Licensed Embalmer No. *498*

P. O. Address *K. C., Mo.*

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.