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FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10193

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5986 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Swedeborg, Missouri
c. LENGTH OF STAY (In this place): 1951
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN: Swedeborg, Mo
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): None.

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3. NAME OF DECEASED (Type or Print)
a. (First): Edith
b. (Middle): Sophia
c. (Last): Trower

4. DATE OF DEATH (Month) (Day) (Year): 4 - 6-1956

5. SEX: Female 1
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed. 2
8. DATE OF BIRTH: March 11, 1883
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY: None.
11. BIRTHPLACE (City and State or Foreign Country): Welland Canada 2
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Swan August Sundquist
13b. MOTHER'S MAIDEN NAME: Christine Sophia Anderson
14. NAME OF HUSBAND OR WIFE: Merton L. Trower.

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.: None.
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Henry Trower, Waynesville, 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): Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

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: June 1955
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of the colon. 153X
20. AUTOPSY? YES [ ] NO [X]

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1956, *to* April, 1956, *that I last saw the deceased alive on* April 4, 1956, *and that death occurred at* 5:06 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. J. Roberts MD
23b. ADDRESS: Richland, Missouri
23c. DATE SIGNED: 4/6/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/3/56
24c. NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery
24d. LOCATION (City, town, or county) (State): Swedeborg, Missouri

DATE REC'D BY LOCAL REG.: 4-7-56
REGISTRAR'S SIGNATURE: Eula Lyne Anderson
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Hedges Funeral Home Crocker, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-7-56
Cuyahoga County Health Office
File Number
Date Filed 4-7-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Clarence Thomas

Licensed Embalmer No. 4

P. O. Address Wayne

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

(Licensed Embalmer's Statement on Reverse Side)