

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

33083

State File No.

FILED OCT 29 1956

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3000 Registrar's No. 139

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Bates	b. CITY (If outside corporate limits, write RURAL and give township) Butler	a. STATE Missouri	b. COUNTY Bates
c. LENGTH OF STAY (in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hosp.		d. STREET ADDRESS (If rural, give location) Rt. 4 Butler	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) Walter	b. (Middle) C.	c. (Last) Trogdon	(Month) Oct.	(Day) 17.	(Year) 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-15-1879		
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Drywood, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME Joel F. Trogdon	13b. MOTHER'S MAIDEN NAME Susan Humphreys	14. NAME OF HUSBAND OR WIFE Frona Trogdon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY 494-40-4331	17. INFORMANT'S SIGNATURE OR NAME Frona Trogdon
ADDRESS Butler, Mo. Rt. 4		

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 8 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic Arterial Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis		15 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) Butler, Bates, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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. 16, 1956 to Oct 17, 1956, that I last saw the deceased alive on Oct. 17, 1956, and that death occurred at 1:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE Carter W. Luter, M.D.	23b. ADDRESS Butler, Mo.	23c. DATE SIGNED 10/17/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-19-1956	24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery
		24d. LOCATION (City, town, or county) (State) Butler, Mo.

DATE REC'D BY LOCAL REG. Oct. 19 1956	REGISTRAR'S SIGNATURE Kendall Kersey	25. FUNERAL DIRECTOR'S SIGNATURE Butler, Underwood Butler, Mo.	ADDRESS Butler, Mo.
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(Licensed Embalmers' Statement on Reverse Side)

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

JUL 29 1911

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
Student Embalmer

Signed

John H. Underwood

Licensed Embalmer No. *3581*

P. O. Address *Butler 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 this body is not embalmed, fact should be so stated above.