

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33329**

FILED NOV 13 1956

BIRTH NO. _____ REG. DIST. NO. **50** PRIMARY REG. DIST. NO. **5172** Registrar's No. **41**

1. PLACE OF DEATH
a. COUNTY **Camden**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **Missouri** b. COUNTY **Camden**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Richland, Missouri Rt. 1** c. LENGTH OF STAY (in this place) Life.
c. CITY OR TOWN **Richland, Mo** d. Is Residence within limits of a city or incorporated town? Yes No **0**

d. FULL NAME OF HOSPITAL OR INSTITUTION **None. Jackson Township**
f. STREET ADDRESS (If rural, give location) **Rural Rt. # 1** **0**

3. NAME OF DECEASED a. (First) **Sarah** b. (Middle) **Caroline** c. (Last) **Trew.** 4. DATE OF DEATH (Month) (Day) (Year) **11 5, 1956**

5. SEX **Female** 6. COLOR OR RACE **White.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed.** 8. DATE OF BIRTH **Oct. 25, 1862** 9. AGE (in years last birthday) **94** 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) **Richland, Mo Rural Rt. # 1** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John C. Glover.** 13b. MOTHER'S MAIDEN NAME **Martha Merdith** 14. NAME OF HUSBAND OR WIFE **William Jasper Trew.**

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 **Milton V. Trew Richland, Mo Rt # 1**

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) **Cerebral vascular accident**
ANTECEDENT CAUSES DUE TO (b) **Essential Hypertension**
DUE TO (c) **Chronic congestive heart failure**
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **10 days**

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION **443x** 20. AUTOPSY? YES NO

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 (Month) (Day) (Year) (Hour) OF INJURY 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 **April 1955**, to **Nov 3, 1956**, that I last saw the deceased alive on **Nov 3, 1956** and that death occurred at **12:20** 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 **11/6/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **11/7/56** 24c. NAME OF CEMETERY OR CREMATORY **Glover Chapel Cemetery** 24d. LOCATION (City, town, or county) (State) **Richland, Mo Rt. # 1**

DATE REC'D BY LOCAL REG. **Nov. 9-1956** REGISTRAR'S SIGNATURE **Zilpha S. Trew** 25. **Richard J. Trew** (Licensed Embalmer's Statement on Reverse Side) **Richland, MO**

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

42-6

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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 *Clarence E. Moss*

Licensed Embalmer No. *4896*

P. O. Address *Waynesville,*

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.