S. No. 300
v. 10.48

FILED NOV 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33749

State File No.

BIRTH NO. REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5481 Registrar's No. 156

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Laredo-Rural-Wilson
c. LENGTH OF STAY (in this place) 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 mi East Laredo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Grundy
c. CITY OR TOWN Laredo
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 0400

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

4. DATE OF DEATH (Month) October (Day) 18 (Year) 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 23 1870
9. AGE (In years last birthday) 86 — If under 1 year: Months 3 Days 25 — 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 own Home
11. BIRTHPLACE (City and State or Foreign Country) Marengo Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Nicholas Felling
13b. MOTHER'S MAIDEN NAME Matto Vaselon
14. NAME OF HUSBAND OR WIFE John Tromerhouser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME C.N. Tromerhouser ADDRESS Laredo 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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

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 ☐ 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 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* Oct 10, 1956, *to* Oct 17, 1956, *that I last saw the deceased alive on* Oct 17, 1956 *and that death occurred at* 1:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Milan Mo
23c. DATE SIGNED Oct 18, 56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct 21 1956
24c. NAME OF CEMETERY OR CREMATORY Haseville Cemetery
24d. LOCATION (City, town, or county) Humphreys (State) Missouri

DATE REC'D BY LOCAL REG. 10-21-56
REGISTRAR'S SIGNATURE Irene Farr
25. FUNERAL DIRECTOR'S SIGNATURE E.J. Robertson Funeral Home ADDRESS Laredo

(Licensed Embalmer's Statement on Reverse Side)

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

115
0

APR 2 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo Tex.

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