

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11754

State File No.

FILED APR 8 - 1957

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6084 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>SALINE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Blackwater Township</u>		c. LENGTH OF STAY (in this place) <u>4 years</u>	c. CITY OR TOWN <u>MARSHALL R#1</u>		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 <u>1/2 mile west MARSHALL Junction</u>			e. STREET ADDRESS (If rural, give location) <u>1/2 mile west of MARSHALL Junction</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA Belle</u> b. (Middle) _____ c. (Last) <u>Trent</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 3, 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>April 20, 1892</u>	9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR Month <u>11</u> Days <u>13</u> IF UNDER 24 HRS. Hour _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fitting Room</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SALINE County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>William A. Trent</u>		13b. MOTHER'S MAIDEN NAME <u>Hester Ann Bakert</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>494-14-2835</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alexander Trent - Marshall, Mo. R#1</u>		
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) <u>Cerebrary Occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Influenza</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> 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) <u>4201</u>		
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?		
22. I hereby certify that I attended the deceased from <u>Mar 30, 1957</u> , to <u>Apr 3, 1957</u> , that I last saw the deceased alive on <u>Mar 30, 1957</u> , and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>John Mcintosh MD</u>			23b. ADDRESS <u>Marshall R#1</u>		23c. DATE SIGNED <u>4-3-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-5-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazel Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>SALINE County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-4-57</u>		REGISTRAR'S SIGNATURE <u>Carl G. Reed</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Campbell-Lewis Marshall, Mo.</u>	

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

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APR 18 1957

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 *James H. Lewis Jr.*
Licensed Embalmer No. *4709*

P. O. Address *Marshall, N.C.*

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.