

FILED JUN 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22257

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 156

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Saint Charles</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Chas</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Saint Charles</u> | c. LENGTH OF STAY (in this place)<br><u>res.</u> | c. CITY OR TOWN <u>Saint Charles</u> <u>0923</u>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>2227 North Benton Ave.</u>                             |  | e. STREET ADDRESS (If rural, give location)<br><u>2227 North Benton Ave.</u>   |  |

|   |                                  |  |  |   |   |
|---|----------------------------------|--|--|---|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Thomas</u> b. (Middle) <u>Terry</u> c. (Last) <u>Trendley</u> |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>June 12, 1957</u> |   |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>Jan. 8, 1882</u>                          | 9. AGE (in years last birthday)<br><u>75</u>                                    | 10. IF UNDER 1 YEAR Months <u>7</u> Days <u>1</u> Hours <u>1</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer Trendley</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>retired Briscoe</u>              |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Saint Peter's, Mo.</u> |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |                                  |  |  |   |   |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME<br><u>George Trendley</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mattie Briscoe</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>Olga J. Stiefvater</u>                                |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |  | 16. SOCIAL SECURITY NO.<br><u>None</u>             |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. T.T. Trendley, St. Charles, Mo</u> |  |

|  |   |  |  |
|--|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Kathy sudden</u>                          |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br><u>Aspiration of food (meat) into trachea &amp; bronchi producing strangulation or asphyxia</u>              |  |  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death<br><u>Advanced Coronary Artery Disease years duration</u>                                   |   |  |  |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION<br><u>9219 46</u>  |  | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) <u>130</u> (COUNTY) _____ (STATE) _____ |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |  |   |
|--|--|---|
| 23a. SIGNATURE<br><u>John R. Roberts</u> (Degree or title) <u>M.D.</u>     | 23b. ADDRESS<br><u>100 No Euclid St. Louis, Mo</u> | 23c. DATE SIGNED<br><u>6/13/57</u>                                |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                 | 24b. DATE<br><u>June 15, 1957</u>                  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>St. Peter's Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State)<br><u>Saint Charles, Mo.</u> |  |   |

|   |   |  |
|---|---|--|
| DATE REC'D BY LOCAL REG.<br><u>June 14-57</u> | REGISTRAR'S SIGNATURE<br><u>Margaret Wilson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>W.C. DeLaney &amp; Sons St. Charles, Mo</u> |
|---|---|--|

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

540

**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.....  
*[Handwritten Signature]*

Licensed Embalmer No. 486  
P. O. Address St. Charles

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.