

THE DIVISION OF REALITY OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28465

STATE FILE NUMBER

FILED SEP 11 1957

Registration District No. 146 Primary Registration District No. 4238 Registrar's No. 385

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buckner		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Buckner
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ballmer Home		Length of stay in lb six weeks	d. STREET ADDRESS west of Buckner
			Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) Katie Edwin Trabue			4. DATE OF DEATH August 30, 1957		
First Middle Last			Month Day Year		

5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 26, 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, open if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (City and state or country) nesr Buckner	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME Benjamin Morrow	14. MOTHER'S MAIDEN NAME Amanda Ellen Marsh
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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. XX	17. INFORMANT Gordon Trabue, Buckner, Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic myocarditis	
DUE TO (c) 422.2		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from August 1955 to Aug 30, 1957 and last saw her him alive on Aug 30 Death occurred at 8:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John L. Heisler D.O.	(Degree or title)	22b. ADDRESS Buckner, Mo.	22c. DATE SIGNED 8/31/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 1, 1957	23c. NAME OF CEMETERY OR CREMATORY Buckner Cemetery	23d. LOCATION (City, town, or county) (State) Buckner, Missouri
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24. FUNERAL DIRECTOR Hazel H. Rappart	ADDRESS Buckner, Mo.	25. DATE RECD. BY LOCAL REG. 9-1-57	26. REGISTRAR'S SIGNATURE JAMES [Signature]
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

SEP 10 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Ralph Jones*

Licensed Embalmer No. *460*

P. O. Address *Odes*

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