

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH40019
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1125-B

Health,
& Welfare
Public
Service5. 300
1-57 0

Doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		d. STREET ADDRESS (If outside, give location) 1216 E. Thoman	
3. NAME OF DECEASED (Type or print) First Middle Last OTIS A. TRENTHAM		4. DATE OF DEATH Month Day Year Nov. 20 1957	
5. SEX Male	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 6-3-1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) near Walnut Grove, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEORGE TRENTHAM		13b. MOTHER'S MAIDEN NAME IDA LOONEY	
14. NAME OF HUSBAND OR WIFE Ruby Lorene Trentham		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 499-07-8908		17. INFORMANT Address 1216 E. Thoman Mrs. Ruby Trentham Springfield, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>uraemia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>transitional cell carcinoma of the urinary bladder.</u> DUE TO (c) <u>181X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>Seven 1/2</u>
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.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <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	
21. I attended the deceased from <u>Sept. 15-42</u> to <u>11-20-57</u> and last saw her alive on <u>11-20-57</u> Death occurred <u>11-20-57</u> at <u>6:55 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. S. Samuel</u> (Degree or title)		22b. ADDRESS <u>Springfield MO</u>	
22c. DATE SIGNED <u>11-21-57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <u>11-22-57</u>		23c. NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) <u>Ash Grove Cemetery Ash Grove Missouri</u>	
24. FUNERAL DIRECTOR <u>Bruce Samuel - Ash Grove - Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-27-57</u>	
26. REGISTRAR'S SIGNATURE <u>Frank Williams</u>			

(Licensed Embalmer's Statement on Reverse Side)

DEC 11 1957
DEC 3 1957

MAR 24 1958
MAR 31 1958

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 Archie L. Samuel
4702

Licensed Embalmer No.
P. O. Address Adelphi, Iowa

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.