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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

FILED MAR 14 1958

58-006065
STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Prairie — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Jackson Co. Hosp. — Length of stay in 1b 2 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City 7000 S — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 11207 Felton — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Alice Middle P. Last Troutman
4. DATE OF DEATH Month Feb. Day 27 Year 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH April 22-1881
9. AGE (In years last birthday) 76
IF UNDER 1 YEAR: Months Days — 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 Domestic
11. BIRTHPLACE (City and state or country) Osage City, Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Walter Johnson
14. MOTHER'S MAIDEN NAME Melissa Moore
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. S.A. Troutman Address Sugar Creek, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arterio Sclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 332X
INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1-27-1956, to 2-27-58 and last saw her alive on 2-27-58
Death occurred at 8:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M.D.
22b. ADDRESS Jackson County Hosp
22c. DATE SIGNED 2-28-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/1/58
23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem
23d. LOCATION (City, town, or county) (State) Indep. Mo.
24 FUNERAL DIRECTOR Geo. C. Carson & Sons ADDRESS Indep. Mo.
25. DATE RECD. BY LOCAL REG. 3-3-1958
26. REGISTRAR'S SIGNATURE M. B. Langford

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 2 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. R. Kenneth Patterson

Licensed Embalmer No. 46

P. O. Address Indianapolis

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.