

FILED JUN 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021078

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 5131 Registrar's No. 647

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tremont		c. CITY OR TOWN Gower	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence R.#1		d. STREET ADDRESS (If outside, give location) R.F.D.#1	
3. NAME OF DECEASED (Type or print) First Middle Last Robert E. Trotter		4. DATE OF DEATH Month Day Year June 15, 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 4, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Buchanan Co. Mo.
13a. FATHER'S NAME Edward Trotter		13b. MOTHER'S MAIDEN NAME Nancy Johnson	14. NAME OF HUSBAND OR WIFE Grace Trotter
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. 487-44-7969	17. INFORMANT Address Esther Trotter, Gower, 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) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary atherosclerosis DUE TO (c) Arteriosclerosis generalis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH 15 min 10-15 yrs 15-20 yrs
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 Jan 30, 1958, to June 15, 1958 and last saw him alive on June 15, 1958. Death occurred at 11:30 P.M. on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE John P. Mabey M.D.		22b. ADDRESS Plattsburg, Mo.	
		22c. DATE SIGNED June 18, 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/18/1958	
		23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	
		23d. LOCATION (City, town, or county) Buchanan Co. Mo.	
24. FUNERAL DIRECTOR John H. Murray, Gower, Mo.		25. DATE RECD. BY LOCAL REG. June 23, 1958	
		26. REGISTRAR'S SIGNATURE Rufus Clark Woodell	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John H. Murray.....

Licensed Embalmer No. 2893.....
P. O. Address Gower, Mo.....

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.