

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032289

STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 115-116 Primary Registration District No. 3826

Registrar's No. 242

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Franklin			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Johns township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Washington		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 mi. SE of Wash.		Length of stay in 1b none	d. STREET ADDRESS (If outside, give location) 5 mi. SE of Washington		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ALEXANDER GEORGE MICHAEL TRENTMANN			4. DATE OF DEATH Month Day Year Sept. 25, 1958		
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 Aug. 16, 1892	9. AGE (In years last birthday) 66	FUNDER YEAR Months Days Hours Min. 1 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming (ret.)		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Washington, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Trentmann		13b. MOTHER'S MAIDEN NAME Christina Heinemann		14. NAME OF HUSBAND OR WIFE Rose, nee Sullentrup	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 493-42-9251	17. INFORMANT Address Mrs Rose Trentmann, Washington, RR		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Acute Cardiac Decomposition</i>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Broncho pneumonia + Obv.</i>					
DUE TO (c) <i>Myocarditis</i> 4222					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cerebral arterio sclerosis</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. Month, Day, Year					
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 <i>Sept 11, 58</i> to <i>Sept 25, 58</i> and last saw him alive on <i>Sept 25, 58</i> Death occurred at <i>Sept 25, 1958 5:15 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. P. Test</i> (Degree or title)			22b. ADDRESS <i>Washington Mo</i>		22c. DATE SIGNED <i>9/26/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sep. 29, 1958	23c. NAME OF CEMETERY OR CREMATORY St. Francis Catholic		23d. LOCATION (City, town, or county) (State) Washington, Missouri
24. FUNERAL DIRECTOR Henry W. Otto, Washington, Mo.		25. DATE RECD. BY LOCAL REG. <i>9/27/58</i>		26. REGISTRAR'S SIGNATURE <i>J.P. Test</i>	

MS SEP 30 1959

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 *Henry W. Otto*

Licensed Embalmer No. *3560*

P. O. Address *Washington*

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.