

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040244
STATE FILE NUMBER
5289

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5289

FILED NOV 24 1958

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 Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Linwood Nursing home		Length of stay in lb 2 yrs	d. STREET ADDRESS (If outside, give location) 835 No Kansas
3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH H TROTTER			4. DATE OF DEATH Month Day Year November 6 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 May 4 1891
9. AGE (In years last birthday) 67		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) Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Mine	11. BIRTHPLACE (City and state or country) Boone Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George W Trotter	
13b. MOTHER'S MAIDEN NAME Carrie Stapleton		14. NAME OF HUSBAND OR WIFE Elizabeth D 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. 348-03-1057	17. INFORMANT Address Mrs McQuillen 835 No Kansas K C 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) Central Nervous System			INTERVAL BETWEEN ONSET AND DEATH 2 days 4 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis			
DUE TO (c)			
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.) 3314	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 11-1-58 , to 11-6-58 and last saw ^{her} him alive on 11-6-58 Death occurred 11-6-58 on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE Frank Paul Lawrence MD		(Degree or title)	22b. ADDRESS 428 S. White Ave
22c. DATE SIGNED 11-6-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov 6 1958	23c. NAME OF CEMETERY OR CREMATORY Lexington Cemetery	23d. LOCATION (City, town, or country) (State) Lexington Missouri
24. FUNERAL DIRECTOR Sheil Funeral Home Kansas City Mo		25. DATE RECD. BY LOCAL REG. 11-7-58	26. REGISTRAR'S SIGNATURE Wesley Marshall

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Frank Paul Lawrence MD



Department of Health

Division of Health Services

State of Florida

Department of Health

MAR 15 1961

Department of Health

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.