

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040661

STATE FILE NUMBER

FILED DEC 8 1958 Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 6

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>LINN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>MACON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MARCELINE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>ETHEL</b> 0610 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BUNTON REST Home 16 MONTHS</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>ALBERT NICHOLAS TROUTMAN</b>			4. DATE OF DEATH Month Day Year <b>Nov. 23 1958</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>DEC. 31, 1860</b>		9. AGE (In years last birthday) <b>97</b>	IF UNDER 1 YEAR Months Days <b>10 22</b>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER - RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>	11. BIRTHPLACE (City and state or country) <b>MACON COUNTY, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>TROUTMAN</b>		13b. MOTHER'S MAIDEN NAME <b>EUGENIA DAVIS</b>		14. NAME OF HUSBAND OR WIFE <b>ANNA L. TROUTMAN</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>No.</b>	17. INFORMANT Address <b>MRS. MAUD TRUITT, ETHEL, Mo.</b>				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia, Bilateral</b> DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>Arteriosclerosis, Hypertension</b>		INTERVAL BETWEEN ONSET AND DEATH
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.) <b>4200</b>	
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 <b>ETHEL, MISSOURI</b>		20g. COUNTY STATE

21. I attended the deceased from <b>1957</b> to <b>11-28-58</b> and last saw her alive on <b>11-21-58</b> Death occurred at <b>300 AMB</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Stephanie</i> (Degree or title)	22b. ADDRESS <b>Marceline Mo</b>	22c. DATE SIGNED <b>11-24-58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>Nov. 25, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ETHEL CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>ETHEL, MISSOURI</b>
24. FUNERAL DIRECTOR <i>W. Hilland</i> ADDRESS <b>Marceline Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>11-24-58</b>	26. REGISTRAR'S SIGNATURE <i>Brownie Owens</i>	

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

Student .....  
Signature of Student Embalmer

Signed *H. J. Gilleland* .....

Licensed Embalmer No. *4019* .....

P. O. Address *New Columbia, 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.