

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043486

STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 55

Primary Registration District No. 301

Registrar's No. 9797

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 <u>Carroll</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u> | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carrollton</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Carrollton</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cales Hosp</u> | | | Length of stay in lb <u>Life</u> | | d. STREET ADDRESS (If outside, give location) <u>204 N. Main</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>DOROTHY LEWIS TROTTER</u> | | | | 4. DATE OF DEATH Month Day Year <u>Dec. 15, 1958</u> | | | | | |
| 5. SEX <u>Fe.</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Aug. 24, 1891</u> | | 9. AGE (In years, if UNDER 1 YEAR, if UNDER 24 HRS. Last birthday) Months Days Hours Min. <u>67</u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Carrollton Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>Henry Sinton Lewis</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Medora Barnes</u> | | | 14. NAME OF HUSBAND OR WIFE <u>H. J. Trotter</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Joe Trotter, Poplar Bluff Mo.</u> | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 mtd.</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis - Hypertension</u> DUE TO (c) <u>Hypertension - Hypertension</u> | | | | | | | <u>10 years</u> <u>10 years</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>6000</u> | | | | | | | 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.) | | | | | | |
| 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 <u>Nov. 29 '58</u> to <u>Dec 15 '58</u> and last saw her alive on <u>Dec 15 '58</u> Death occurred at <u>500 N. Main</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) | | | | 22b. ADDRESS <u>Carrollton Mo</u> | | | 22c. DATE SIGNED <u>12-16-58</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE <u>12/17/58</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u> | | 23d. LOCATION (City, town, or county) <u>Carrollton Mo.</u> | | (State) | |
| 24. FUNERAL DIRECTOR <u>Standley & Gibson, Carrollton Mo</u> | | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. <u>12/17/58</u> | | 26. REGISTRAR'S SIGNATURE <u>Mr. Herbert C. [Signature]</u> | | |

MAR 4 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 James F. Gibson, Student Embalmer No. 572 working under my personal supervision.

Student James F. Gibson
Signature of Student Embalmer

Signed Ben W. Gibson

Licensed Embalmer No. 2961
P. O. Address Carrollton

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.