

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044647
STATE FILE NUMBER

FILED DEC 18 1958

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 234

300
1-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY OR TOWN Carthage		c. CITY OR TOWN Carthage	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks		d. STREET ADDRESS 1825 Baker Blvd	
3. NAME OF DECEASED First EDWARD Middle ULMAN Last TROUTMAN		4. DATE OF DEATH Dec. 8, 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 October 9, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired serviceman		10b. KIND OF BUSINESS OR INDUSTRY Gas Service Co	11. BIRTHPLACE (City and state or country) Jasper County, Mo
13a. FATHER'S NAME Silas A. Troutman		13b. MOTHER'S MAIDEN NAME Elizabeth Howard	14. NAME OF HUSBAND OR WIFE Merle Johnson Troutman
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. 499-24-4158	17. INFORMANT Carthage, Mo Mrs. Ed Troutman, 1825 Baker Blvd.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Occlusion, Coronary artery			INTERVAL BETWEEN ONSET AND DEATH 7 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ 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.)	
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 7 AM Dec 8 '58 to 12:50 PM Dec 8 '58 and last saw her alive on Dec 8, 1958 Death occurred at 12:50 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George H. Wood (Degree or title) M.D.		22b. ADDRESS 304 Grant, Carthage, Mo	22c. DATE SIGNED 12-8-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Dec 11, 1958	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or county) (State) Carthage, Missouri
24. FUNERAL DIRECTOR ADDRESS KNELL MORTUARY Carthage, Mo		25. DATE RECD. BY LOCAL REG. 12-10-58	26. REGISTRAR'S SIGNATURE [Signature]

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

39
0

FEB 24 1959

FEB 26 1959

DEC 19 1958

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 *D. L. Isbell*

Licensed Embalmer No. *4970*
P. O. Address *Carthage, 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.