THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002515
STATE FILE NUMBER

FILED FEB 13 1959 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Dead on Arrival at Wabash Employes' Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN Moberly — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 732 Sinnock (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIAM Middle EVERT Last TRENT

4. DATE OF DEATH Month February Day 2 Year 1959

5. SEX Male 6 — 6. COLOR OR RACE White — 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ — 8. DATE OF BIRTH June 19, 1892 — 9. AGE (In years last birthday) 66 — 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) Retired Chief Clerk Mechanical Dept. — 10b. KIND OF BUSINESS OR INDUSTRY Wabash RR Co. — 11. BIRTHPLACE (City and state or country) Henry County, Missouri — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Trent — 14. MOTHER'S MAIDEN NAME Sarah Eli

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. 702-05-3173 — 17. INFORMANT Mrs. W. E. Trent Address Moberly

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) From the appearance of the patient when pronounced dead on arrival, and based on previous history, it is my opinion patient suffered a coronary occlusion or infarction. — INTERVAL BETWEEN ONSET AND DEATH: Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerotic Heart Disease — About 4 years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 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 WORK ☐ NOT WHILE AT WORK ☐ — 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 pronounced the above patient dead on arrival at this hospital and Death occurred at 3:10 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. K. McMurtry M.D. Degree or title
L. K. McMurtry, M.D., Surgeon in Charge — 22b. ADDRESS Wabash Employes' Hospital Moberly, Missouri — 22c. DATE SIGNED 2/3/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE Feb. 5, 1959 — 23c. NAME OF CEMETERY OR CREMATORY Oakland — 23d. LOCATION (City, town, or county) Moberly (State) Missouri

24. FUNERAL DIRECTOR Mahan Funeral Service — ADDRESS Moberly — 25. DATE RECD. BY LOCAL REG. 2-5-59 — 26. REGISTRAR'S SIGNATURE Leabel Young

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 3 1959

FEB 17 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John A. Green

Licensed Embalmer No. 3

P. O. Address Moper

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.