

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006718

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 33

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 (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wabash Employes' Hospital Length of stay in lb 35 yrs.

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 (If outside, give location) 613 Taylor Street Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) ORLIE EDMOND TRENT
4. DATE OF DEATH February 8, 1959

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH Feb. 12, 1881 9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) Patrolman, Retired 10b. KIND OF BUSINESS OR INDUSTRY Wabash RR Company 11. BIRTHPLACE (City and state or country) Princeton, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Abraham Trent 14. MOTHER'S MAIDEN NAME Lucinda Taylor

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. 702-05-2457 17. INFORMANT Russell Trent Address Moberly

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____
DUE TO (c) Arteriosclerotic Heart Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Infirmities

INTERVAL BETWEEN ONSET AND DEATH About 2 days
Years(?)

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 Month, Day, Year a. m. p. m.

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 attended the deceased from Jan. 24, 1959 to Feb. 8, 1959 and last saw her alive on Feb. 8, 1959 Death occurred at 3:35 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] 22b. ADDRESS Wabash Employes' Hospital Moberly, Missouri 22c. DATE SIGNED 2/9/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Feb. 10, 1959 23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Gardens 23d. LOCATION (City, town, or county) (State) Moberly Mo.

24. FUNERAL DIRECTOR Mahan Funeral Service ADDRESS Moberly 25. DATE RECD. BY LOCAL REG. 2-10-59 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

6866 01 713

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
John A. Green

Licensed Embalmer No. 38

P. O. Address *Metairie*

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.