

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008866
STATE FILE NUMBER

FILED APR 7 1959 Registration District No. J6 Primary Registration District No. 5322 Registrar's No. 9-1959

S. 300
1-57 3

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>New Jersey</u> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Benton</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Rahway</u> <u>9290</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>E. Bound Hwy 66</u>		Length of stay in 1b <u>Passing through</u>	d. STREET ADDRESS (If outside, give location) <u>2280 Elizabeth</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Lance David Trener</u>			4. DATE OF DEATH Month Day Year <u>Mar. 28 1959</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 13 1939</u>	9. AGE (In years last birthday) <u>19</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Airman 2nd class</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Air Force</u>	11. BIRTHPLACE (City and state or country) <u>Elizabeth New Jersey</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>FRANK Trener</u>		13b. MOTHER'S MAIDEN NAME <u>ANN Heath</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Time of Death</u>		16. SOCIAL SECURITY NO. <u>142-30-4252</u>	17. INFORMANT <u>ERNEST STANLEY</u> Address <u>2280 Elizabeth Rahway, N.J.</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>Crushing injury to chest</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>auto accident</u> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
20a. ACCIDENT <input checked="" 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.) <u>Crushed under auto</u>		
20c. TIME OF INJURY Hour Month, Day, Year <u>2:30 p.m. Mar. 28, 1959</u>			20d. INJURY OCCURRED WHILE AT WORK <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.) <u>Cuba</u>		20f. CITY, TOWN, OR LOCATION <u>Crawford</u>		STATE <u>Mo.</u>	
21. I attended the deceased from <u>2:45 a.m.</u> to <u>2:50 a.m.</u> and last saw him alive on <u>28 Mar 59</u> Death occurred at <u>2:50</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Ronald Van Arsdell, M.D.</u>			22b. ADDRESS <u>Bourbon, Mo.</u>		22c. DATE SIGNED <u>28 Mar 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3-29-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Funerary</u>		23d. LOCATION (City, town, or county) <u>Rahway</u>	(State) <u>N.J.</u>
24. FUNERAL DIRECTOR <u>Norman E. Hoener</u>		ADDRESS <u>Cuba Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-29-1959</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

VS APR 24 1959 ST

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 *Norman A. Stever*

Licensed Embalmer No. *4673*

P. O. Address *Quincy, 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.