

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **59-009710**
1168

FILED MAR 19 1959
BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 6 months	c. CITY OR TOWN Sweet Springs	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		STREET ADDRESS (If rural, give location) Route 3	

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) M. c. (Last) Trountman	4. DATE OF DEATH (Month) (Day) (Year) MARCH 3, 1959
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/24/1893	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 24 HRS.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and State or Foreign Country) CASEYVILLE ILL.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Phillip A. Troutman	13b. MOTHER'S MAIDEN NAME MAGDALENA BOEHLER	14. NAME OF HUSBAND OR WIFE MARY EDITH
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, if unknown) (If yes, give year or date of service) NO	16. SOCIAL SECURITY # 495-40-4186	17. INFORMANT'S SIGNATURE OR NAME RAY TRAUTMAN, SWEET SPGS, MO.	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Post-Traumatic encephalomalacia of brain		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION Oct 8th	19b. MAJOR FINDINGS OF OPERATION Bilat. subdural hygromas; Encephalomalacia c 5!	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sweet Springs Johnson Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 3, 1958 3:50 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto-Truck accident
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22. I hereby certify that I attended the deceased from **Oct 8, 1958**, to **March 3, 1959**, that I last saw the deceased alive on **March 3, 1959**, and that death occurred at **8:35 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward C. Weiford M.P.	23b. ADDRESS 4706 Broadway, Kansas City, Mo.	23c. DATE SIGNED March 3,
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial - Removal	24b. DATE March 3, '59	24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY	24d. LOCATION (City, town, or county) (State) SWEET SPRINGS, MO.
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DATE REC'D BY LOCAL REG. 3-3-59	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE Melody-Mc Gilley-Elyar	ADDRESS 1800 Linwood Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Edward C. Weiford

APR 8 1980

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 *Jama E. Hackett*.....

Licensed Embalmer No. *15*.....

P. O. Address *H. P. ...*.....

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.