

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010260

STATE FILE NUMBER

LEU APR 6 1959 Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 30

300
-57

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Hosp		Length of stay in 1b 1 week	d. STREET ADDRESS 3830 Montgall
3. NAME OF DECEASED (Type or print) First Middle Last Howard Lee Trotter			4. DATE OF DEATH Month Day Year March 27 1959
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 Oct 23, 1931
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pepsi Cola W.H. Mgr		10b. KIND OF BUSINESS OR INDUSTRY Clerk	9. AGE (in years last birthday) 28
11. BIRTHPLACE (City and state or country) Poplar Bluff, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Essell Trotter		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Frances
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, no. or unknown) (If yes, give war or dates of service) Korean		16. SOCIAL SECURITY NO. 498-28-9260	17. INFORMANT Address Frances Trotter K.C., Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gunshot wound of abdomen</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Pulmonary embolus</i> 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 <i>6 days</i> <i>1 day</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Shot in abdomen c 22 Rifle at Father's lawns home</i>	
20c. TIME OF INJURY Hour Month, Day, Year <i>5:22 p.m. 3-21-59</i>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		20f. CITY, TOWN, OR LOCATION <i>Neosho</i>	COUNTY <i>Newton</i>
21. I attended the deceased from Death occurred at <i>2:45 A.M.</i>		to <i>3-27-59</i> and last saw him alive on <i>3-26-59</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>M. Blankenship M.D.</i>		(Degree or title)	22b. ADDRESS <i>Neosho Mo.</i>
22c. DATE SIGNED <i>3-31-59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>3-30-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Gibson Cemetery</i>	23d. LOCATION (City, town, or county) <i>Neosho, Mo</i>
24. FUNERAL DIRECTOR <i>Clark Funeral Home</i>		ADDRESS <i>Neosho, Mo</i>	25. DATE RECD. BY LOCAL REG. <i>3-26-59</i>
			26. REGISTRAR'S SIGNATURE <i>Melvin C. Bowman</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related

APR 7 1959
FEB 10 1959

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 *Fred L. Clark*

Licensed Embalmer No. *5056*

P. O. Address *312 So. Waco
Newark, 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.