

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 28 1959

'59 0 4 3 8 3 8

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 278

ENDED

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		c. CITY OR TOWN Washington	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 713 E. Fifth St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First GEORGE Middle WILLIAM Last TRENTMAN			4. DATE OF DEATH Month December Day 24 Year 1959		
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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 1/27/1904	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months 10 Days 27	IF UNDER 24 HR Hours - Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner-Operator	10b. KIND OF BUSINESS OR INDUSTRY Night club	11. BIRTHPLACE (City and state or country) Villa Ridge, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Henry Trentman	13b. MOTHER'S MAIDEN NAME Cecelia Rolf	14. NAME OF HUSBAND OR WIFE Agatha Blankenship
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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. 494-03-4017	17. INFORMANT Lester Trentman, Washington, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 10 h
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio-sclerotic C-V-Disease ? years	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized exocyanomatosis, terminal	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour - a.m. - p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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.)	20f. CITY, TOWN, OR LOCATION Washington, Mo.	COUNTY	STATE
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21. I attended the deceased from **Jan 9 55** to **24 Dec 59** and last saw him alive on **24 Dec 59**
Death occurred at **12:50 a.m. CST** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>R. B. [Signature]</i>	(Degree or title)	22b. ADDRESS Washington, Mo.	22c. DATE SIGNED 26 Dec 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/28/1959	23c. NAME OF CEMETERY OR CREMATORY St. Francis cemetery	23d. LOCATION (City, town, or county) Washington, Mo.	(State)
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24. FUNERAL DIRECTOR Henry W. Otto, Washington, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12/26/59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

710-10-101

STATEMENT BY LICENSED EMBALMER

DEC 29 1948

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

Henry W. Otto

Licensed Embalmer No.

3560

P. O. Address

Washington

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.