

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 16 1959

'59 0 4 4 7 7 0

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 383

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri , COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal, Mo.		Length of stay in 1b 1 Week	c. CITY OR TOWN Vandalia, 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. Elizabeth		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 201 W. Arlington Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Herman Harry Trower			4. DATE OF DEATH Month Day Year Dec. 7 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 10-3-87
9. AGE (last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Pike Co. U.S.A.
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME Frank Trower	
13b. MOTHER'S MAIDEN NAME Emma Rutherford		14. NAME OF HUSBAND OR WIFE Sadie Trower	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 497-07-1076	17. INFORMANT Address Mrs Sadie Trower Vandalia, Mo.
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 occlusion, proterian Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary insufficiency DUE TO (c) Granuloid arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 20 minutes 3 months years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Benign prostatic hypertrophy - partial resection			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
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 2/27/86 to 12/7/59 and last saw ^{him} alive on 12/7/59 Death occurred at 8:20 AM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Emmanuel Phere M.D. (Degree or title)		22b. ADDRESS Vandalia, Mo	22c. DATE SIGNED 12/8/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-9-59	23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery	23d. LOCATION (City, town, or county) (State) Vandalia, Missouri
24. FUNERAL DIRECTOR William B Waters ADDRESS Vandalia, Mo		25. DATE RECD. BY LOCAL REG. 12/11/59	26. REGISTRAR'S SIGNATURE E. M. S. [Signature]

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4169
P. O. Address Vandalia, 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.