

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001951

FILED VS. JAN 25 1960

149

Registration District No. _____ Primary Registration District No. _____

Registrar's No. _____

125

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)	
a. COUNTY JACKSON	a. STATE MISSOURI		b. COUNTY <i>Jackson</i>
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY	Length of stay in 1b 12 years	c. CITY OR TOWN KANSAS CITY	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 2023 GARFIELD	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First MARCUS	Middle C	Last TRENT	4. DATE OF DEATH	Month January	Day 7	Year 1960
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5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-2-90	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____	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) Railroader	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Dalton, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Henry Trent	13b. MOTHER'S MAIDEN NAME Laura Bruce	14. NAME OF HUSBAND OR WIFE Australia Trent
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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) Yes WWI	16. SOCIAL SECURITY NO. 715 05 4709	17. INFORMANT 2023 Garfield Circle Australia Trent, Kansas City, Missouri
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Small intestinal obstruction	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinomatous adhesions DUE TO (c) Adenocarcinoma of rectum	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 checked="" type="checkbox"/> NO <input 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 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 _____
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21. I attended the deceased from **January 7, 1960** to **January 7, 1960** and last saw him alive on **January 7, 1960**
Death occurred at **6:43 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Deputy Coroner</i>	22b. ADDRESS 1618 Lydia Ave	22c. DATE SIGNED 1/8/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-11-60	23c. NAME OF CEMETERY OR CREMATORY National Cem.	23d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kans.
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24. FUNERAL DIRECTOR <i>Mrs. Meche Thumhome</i>	ADDRESS KC, Mo.	25. DATE RECD. BY LOCAL REG. Jan. 8, 1960	26. REGISTRAR'S SIGNATURE <i>Ken Marshall</i>
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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. 4943

P. O. Address K.C. 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.