

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009688

FILED VS FEB 17 1960

Registration District No. 366 Primary Registration District No. \_\_\_\_\_ Registrar's No. 17 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Breton</u>		c. CITY OR TOWN <u>Mineral Point Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7 Miles Southeast of Potosi</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. 1</u>	

3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Lizzie</u> Last <u>Trout</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>13</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. AGE AT BIRTH <u>1887</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own Home</u>		11. BIRTHPLACE (City and state or country) <u>Mcpherson Kansas</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jacob Geekle</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>	
14. NAME OF HUSBAND OR WIFE <u>Clarence Trout</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>Daisy Huff</u>		18. ADDRESS OF INFORMANT <u>2112 S. Broadway St. Louis Mo.</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Paralysis Increased Intracranial Pressure</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Thrombotic Encephalomalacia with Cerebral Hemorrhage</u>		
DUE TO (c) <u>Arteriosclerosis</u>		

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	
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19. WAS AUTOPSY PERFORMED? YES <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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 1/25/60 to 2/10/60 and last saw her alive on 2/10/60.  
Death occurred at 3 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Leman J. Baker P.O.</u>		22b. ADDRESS <u>211 E. High St. Potosi, Mo.</u>		22c. DATE SIGNED <u>2/15/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-14-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hopewell</u>		23d. LOCATION (City, town, or county) (State) <u>Washington Co., Mo.</u>
24. FUNERAL DIRECTOR <u>Oman Jenkins Potosi, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2/13/60</u>		26. REGISTRAR'S SIGNATURE <u>Helmut Kradel</u>

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

*John N. Shipman*

Licensed Embalmer No. 4881

P. O. Address Bismarck

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.