

PRIMARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-009835

FILED VS MAR 21 1960 27

Primary Registration District No. 5081

Registrar's No. 33

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Bates</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>East Boone, Twp.</b>		Length of stay in 1b <b>60 Years</b>		c. CITY OR TOWN <b>N.W. Adrian East Boone Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>N.W. Adrian East Boone Twp.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Elizabeth</b> Middle <b>Welton</b> Last <b>Trowbridge</b>			4. DATE OF DEATH Month <b>March</b> Day <b>3</b> Year <b>1960</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-25-72</b>	9. AGE (last birthday) <b>88</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Hwfe.</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Front Royal, Vir. U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <b>Thomas Wright</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Henry</b>		14. NAME OF HUSBAND OR WIFE <b>Marcus E. Trowbridge</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT <b>Ralph N. Trowbridge, Adrian, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cirrhosis of Liver</b>						INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Peritonitis</b>						<b>4 yrs</b>	
DUE TO (c)							
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 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 <b>10-1-1958</b> to <b>3-3-1960</b> and last saw her <sup>him</sup> alive on <b>2-27-1960</b> Death occurred at <b>8:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>D. S. Colson DO</b>				22b. ADDRESS <b>Adrian Mo</b>		22c. DATE SIGNED <b>3-5-1960</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-6-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crescent Hill Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Adrian Mo.</b>		
24. FUNERAL DIRECTOR <b>Six Funeral Service, Adrian, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>March 6-1960</b>		26. REGISTRAR'S SIGNATURE <b>Kendall Kory</b>		

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. 3650

P. O. Address Adrian, 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.